



Australian Capital Territory

Mental Health (Treatment and Care) Act 1994

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Not all amendments are in force: see last endnote

Authorised by the ACT Parliamentary Counsel

About this republication

The republished law

This is a republication of the *Mental Health (Treatment and Care) Act 1994* (including any amendment made under the *Legislation Act 2001*, part 11.3 (Editorial changes)) as in force on 12 December 2011. It also includes any amendment, repeal or expiry affecting the republished law to 12 December 2011.

The legislation history and amendment history of the republished law are set out in endnotes 3 and 4.

Kinds of republications

The Parliamentary Counsel's Office prepares 2 kinds of republications of ACT laws (see the ACT legislation register at www.legislation.act.gov.au):

- authorised republications to which the *Legislation Act 2001* applies
- unauthorised republications.

The status of this republication appears on the bottom of each page.

Editorial changes

The *Legislation Act 2001*, part 11.3 authorises the Parliamentary Counsel to make editorial amendments and other changes of a formal nature when preparing a law for republication. Editorial changes do not change the effect of the law, but have effect as if they had been made by an Act commencing on the republication date (see *Legislation Act 2001*, s 115 and s 117). The changes are made if the Parliamentary Counsel considers they are desirable to bring the law into line, or more closely into line, with current legislative drafting practice.

This republication does not include amendments made under part 11.3 (see endnote 1).

Uncommenced provisions and amendments

If a provision of the republished law has not commenced or is affected by an uncommenced amendment, the symbol **U** appears immediately before the provision heading. The text of the uncommenced provision or amendment appears only in the last endnote.

Modifications

If a provision of the republished law is affected by a current modification, the symbol **M** appears immediately before the provision heading. The text of the modifying provision appears in the endnotes. For the legal status of modifications, see *Legislation Act 2001*, section 95.

Penalties

At the republication date, the value of a penalty unit for an offence against this law is \$110 for an individual and \$550 for a corporation (see *Legislation Act 2001*, s 133).



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Australian Capital Territory

Mental Health (Treatment and Care) Act 1994

An Act to provide for the treatment, care, control, rehabilitation and protection of mentally dysfunctional or mentally ill persons, and for related purposes

Part 1 Preliminary

1 Short title

This Act may be cited as the *Mental Health (Treatment and Care) Act 1994*.

3 Dictionary

The dictionary at the end of this Act is part of this Act.

Note 1 The dictionary at the end of this Act defines certain terms used in this Act, and includes references (*signpost definitions*) to other terms defined elsewhere in this Act.

For example, the signpost definition '*electroconvulsive therapy*—see section 55.' means that the term 'electroconvulsive therapy' is defined in that section.

Note 2 A definition in the dictionary (including a signpost definition) applies to the entire Act unless the definition, or another provision of the Act, provides otherwise or the contrary intention otherwise appears (see Legislation Act, s 155 and s 156 (1)).

4 Notes

A note included in this Act is explanatory and is not part of this Act.

Note See the Legislation Act, s 127 (1), (4) and (5) for the legal status of notes.

4A Offences against Act—application of Criminal Code etc

Other legislation applies in relation to offences against this Act.

Note 1 *Criminal Code*

The Criminal Code, ch 2 applies to the following offences against this Act (see Code, pt 2.1):

- s 45 (Communication during detention)
- s 55B (Offence—electroconvulsive therapy without consent)
- s 55C (Offence—electroconvulsive therapy on 10 or more occasions since consent)

- s 55D (Offence—electroconvulsive therapy after consent withdrawn)
- s 55I (Offence—electroconvulsive therapy without electroconvulsive therapy order)
- s 55J (Offence—electroconvulsive therapy on 10 or more occasions since electroconvulsive therapy order)
- s 55K (Offence—electroconvulsive therapy after order consent withdrawn)
- s 56 (Offence—electroconvulsive therapy without doctor’s consent)
- s 57 (1) (Doctor must record electroconvulsive therapy)
- s 57 (2)
- s 57 (3)
- s 58 (Electroconvulsive therapy records to be kept for 5 years)
- s 119B (2) (Identity cards for mental health officers).

The chapter sets out the general principles of criminal responsibility (including burdens of proof and general defences), and defines terms used for offences to which the Code applies (eg *conduct*, *intention*, *recklessness* and *strict liability*).

Note 2 *Penalty units*

The Legislation Act, s 133 deals with the meaning of offence penalties that are expressed in penalty units.

5 People not to be regarded as mentally dysfunctional or mentally ill

For this Act, a person is not to be regarded as mentally dysfunctional or mentally ill only because of any of the following:

- (a) that the person expresses or refuses or fails to express, or has expressed or has refused or failed to express, a particular political opinion or belief;
- (b) that the person expresses or refuses or fails to express, or has expressed or has refused or failed to express, a particular religious opinion or belief;

- (c) that the person expresses or refuses or fails to express, or has expressed or has refused or failed to express, a particular philosophy;
- (d) that the person expresses or refuses or fails to express, or has expressed or has refused or failed to express, a particular sexual preference or sexual orientation;
- (e) that the person engages in or refuses or fails to engage in, or has engaged in or has refused or failed to engage in, a particular political activity;
- (f) that the person engages in or refuses or fails to engage in, or has engaged in or has refused or failed to engage in, a particular religious activity;
- (g) that the person engages in or has engaged in sexual promiscuity;
- (h) that the person engages in or has engaged in immoral conduct;
- (i) that the person engages in or has engaged in illegal conduct;
- (j) that the person takes or has taken alcohol or any other drug;
- (k) that the person engages in or has engaged in antisocial behaviour.

6 Proceeding relating to children

In determining whether a person who is the subject of a proceeding is a child, regard shall be had to the age of the person at the commencement of the proceeding.

Part 2 Objectives

7 Objectives of Act

This Act has the following objectives:

- (a) to provide treatment, care, rehabilitation and protection for mentally dysfunctional or mentally ill persons in a manner that is least restrictive of their human rights;
- (b) to provide for mentally dysfunctional or mentally ill persons to receive treatment, care, rehabilitation and protection voluntarily and, in certain circumstances, involuntarily;
- (c) to protect the dignity and self-respect of mentally dysfunctional or mentally ill persons;
- (d) to ensure that mentally dysfunctional or mentally ill persons have the right to receive treatment, care, rehabilitation and protection in an environment that is the least restrictive and intrusive, having regard to their needs and the need to protect other persons from physical and emotional harm;
- (e) to facilitate access by mentally dysfunctional or mentally ill persons to services and facilities appropriate for the provision of treatment, care, rehabilitation and protection.

8 Objectives of Territory

In providing services and facilities for mentally dysfunctional or mentally ill persons, the Territory shall have regard to the following objectives:

- (a) to establish, develop, promote, assist and encourage services and facilities—
 - (i) that provide a strong and viable system of treatment and care, and a full range of services and facilities, for mentally dysfunctional or mentally ill persons; and

- (ii) that take into account the various religious, cultural and language needs of mentally dysfunctional or mentally ill persons; and
 - (iii) that minimise the adverse effects of mental dysfunction or mental illness in the community; and
 - (iv) that are comprehensive and accessible; and
 - (v) that are designed to reduce the incidence of mental dysfunction or mental illness in the community; and
 - (vi) that provide for intervention at an early stage of mental dysfunction or mental illness; and
 - (vii) that support mentally dysfunctional or mentally ill persons in the community and coordinate with other community services;
- (b) to ensure that mentally dysfunctional or mentally ill persons are informed of their rights and entitlements under this Act and, in doing so, to make all reasonable efforts to ensure that the relevant provisions of this Act are explained to those persons in the language, mode of communication or terms that they are most likely to understand;
- (c) to assist and encourage voluntary agencies to provide services for mentally dysfunctional or mentally ill persons;
- (d) to promote a high standard of training for those responsible for the care of mentally dysfunctional or mentally ill persons;
- (e) to consult with persons who are receiving or have received such services, their carers and the community about—
- (i) the provision of services and facilities for mentally dysfunctional or mentally ill persons and to establish formal and informal consultative mechanisms for this purpose; and
 - (ii) the development of mental health policy; and

- (iii) planning for mental health services; and
 - (iv) the delivery of services and facilities; and
 - (v) the evaluation and review of policies and services;
- (f) to promote the welfare of mentally dysfunctional or mentally ill persons and to enhance community awareness of mental health issues.

9 Maintenance of freedom, dignity and self-respect

A person exercising a function under this Act, or under an ACAT order, in relation to a mentally dysfunctional or mentally ill person must endeavour to ensure that any restrictions on that person's personal freedom and any derogation of that person's dignity and self-respect are kept to the minimum necessary for the proper care and protection of the person and the protection of the public.

Note A provision of a law that gives an entity (including a person) a function also gives the entity powers necessary and convenient to exercise the function (see Legislation Act, s 196 and dict, pt 1, def *entity*).

Part 4 Mental health orders

Division 4.1 Applications and referrals

10 Application by mentally dysfunctional or mentally ill people

- (1) This section applies if a person believes himself or herself to be, because of mental dysfunction or mental illness—
 - (a) unable—
 - (i) to make reasonable judgments about matters relating to the person's own health or safety; or
 - (ii) to do anything necessary for the person's own health or safety; or
 - (b) likely to do serious harm to others.
- (2) The person may apply to the ACAT for a mental health order in relation to himself or herself.

Note 1 Requirements for applications to the ACAT are set out in the *ACT Civil and Administrative Tribunal Act 2008*, s 10.

Note 2 If a form is approved under the *ACT Civil and Administrative Tribunal Act 2008* for the application, the form must be used.

11 Applications by other people

- (1) This section applies if a person (the *applicant*) believes on reasonable grounds that—
 - (a) the health and safety of another person (the *subject person*) is, or is likely to be substantially at risk because the subject person is unable, because of mental dysfunction or mental illness—
 - (i) to make reasonable judgments about matters relating to the subject person's health or safety; or

- (ii) to do anything necessary for the subject person's health or safety; or
 - (b) the subject person is likely, because of mental dysfunction or mental illness, to do serious harm to others.
- (2) The applicant may apply to the ACAT for a mental health order in relation to the subject person.

Note 1 Requirements for applications to the ACAT are set out in the *ACT Civil and Administrative Tribunal Act 2008*, s 10.

Note 2 If a form is approved under the *ACT Civil and Administrative Tribunal Act 2008* for the application, the form must be used.

12 Applicant to tell ACAT of risks

- (1) This section applies if—
 - (a) a person (the *applicant*) may apply under section 11 for a mental health order in relation to someone else (the *subject person*); and
 - (b) the applicant believes on reasonable grounds that the appearance of the subject person before the ACAT is likely to substantially increase—
 - (i) the risk to the subject person's health or safety; or
 - (ii) the risk of serious harm to others.
- (2) If the applicant applies for the mental health order in relation to the subject person, the application must state the applicant's belief about the matters mentioned in subsection (1).

13 Referrals to ACAT

- (1) This section applies if the referring officer for an alleged offender believes on reasonable grounds that—
 - (a) because of mental impairment—

- (i) the alleged offender's health or safety is, or is likely to be, substantially at risk; or
 - (ii) the alleged offender is or is likely to do serious harm to others; and
- (b) it may not be appropriate to prosecute, or to continue to prosecute, the alleged offender, considering—
- (i) the nature and circumstances of the offence; and
 - (ii) the alleged offender's apparent mental condition.
- (2) The referring officer may refer the alleged offender to the ACAT for a mental health order.

- (3) In this section:

alleged offender means a person—

- (a) who is arrested in connection with an offence; or
- (b) if a police officer believes on reasonable grounds that there are sufficient grounds on which to charge the person in connection with an offence; or
- (c) who is charged in connection with an offence.

Note Requirements for applications to the ACAT are set out in the *ACT Civil and Administrative Tribunal Act 2008*, s 10.

14 Referring officer to tell ACAT of risks

- (1) This section applies if—
- (a) a person (the ***applicant***) may refer someone else (the ***subject person***) to the ACAT for a mental health order under section 13; and
 - (b) the applicant believes on reasonable grounds that the appearance of the subject person before the ACAT is likely to substantially increase—

- (i) the risk to the subject person's health or safety; or
 - (ii) the risk of serious harm to others.
- (2) If the applicant applies for the mental health order in relation to the subject person, the application must state the applicant's belief about the matters mentioned in subsection (1).

Division 4.2 Assessments

15 Meaning of *assessment order*—div 4.2

In this division:

assessment order means an order for an assessment under section 16.

16 Assessment orders

- (1) This section applies if—
- (a) the ACAT is satisfied, on the face of an application or referral under division 4.1 that a person is mentally dysfunctional or mentally ill, and that—
 - (i) the person's health or safety is, or is likely to be, substantially at risk; or
 - (ii) the person is or is likely to do serious harm to others; or
 - (b) the ACAT reviews a mental health order in force in relation to a person under section 36L; or
 - (c) a person is required to submit to the jurisdiction of the ACAT by—
 - (i) an ACAT mental health provision in a care and protection order or interim care and protection order; or
 - (ii) an interim therapeutic protection order; or

- (d) a person is required to submit to the jurisdiction of the ACAT by an order under the Crimes Act, part 13 (Unfitness to plead and mental impairment); or
 - (e) the ACAT reviews an order for detention in force in relation to a person under section 72 (Periodic review of orders for detention).
- (2) The ACAT may order an assessment in relation to the person.

17 Consent for assessment orders

- (1) This section applies if the ACAT is considering ordering an assessment in relation to a person mentioned in section 16 (1) (a), (b) or (c).
- (2) The ACAT must take reasonable steps to find out the opinion of the person in relation to the assessment and obtain the person's consent to the assessment.
- (3) However, subsection (2) does not prevent the ACAT from ordering an assessment without the person's consent or if the person does not appear before the ACAT.

18 No consent for assessment orders

- (1) This section applies if the ACAT is considering ordering an assessment in relation to a person mentioned in section 16 (1) (d) or (e).
- (2) The ACAT need not take reasonable steps to find out the opinion of the person in relation to the assessment or obtain the person's consent to the assessment.

19 Content and effect of assessment orders

- (1) An assessment order must—
 - (a) state the nature of the assessment to be conducted; and

- (b) state the mental health facility at which the assessment is to be conducted and, if appropriate, the person who is to conduct the assessment; and
 - (c) direct the person to be assessed to attend the facility and, if necessary, stay at the facility for the assessment; and
 - (d) direct the person in charge of the facility—
 - (i) if appropriate, to admit the person to be assessed to the facility to conduct the assessment; and
 - (ii) if necessary, to detain the person at the facility until the assessment has been conducted; and
 - (iii) to provide the assistance that is necessary and reasonable to conduct the assessment.
- (2) An assessment order authorises—
- (a) the conduct of the assessment stated in the order; and
 - (b) anything necessary to be done to conduct the assessment.

20 Notify public advocate of assessment orders

The ACAT must inform the public advocate of an assessment order made in relation to a person immediately after the order is made.

21 Time for conducting assessments

- (1) The assessment of a person in relation to whom an assessment order is made must be conducted as soon as practicable, and not later than—
- (a) 7 days after the assessment order is made; or
 - (b) another day stated in the assessment order.
- (2) However, the ACAT may, on application, extend the period for conducting the assessment if satisfied, based on clinical evidence provided to it by the person conducting the assessment, that a

satisfactory assessment cannot be completed within the period under subsection (1).

- (3) The extension must be for a period not longer than 7 days.

22 Removal to conduct assessments

- (1) This section applies if the ACAT makes an assessment order in relation to—
- (a) a person mentioned to in section 16 (1) (a), (b) or (c) who—
 - (i) has not been served with a subpoena under the *ACT Civil and Administrative Tribunal Act 2008*, section 41 for a reason stated in section 82 (3) (Subpoena to appear in person); or
 - (ii) does not appear at a proceeding in relation to the order under a subpoena given under the *ACT Civil and Administrative Tribunal Act 2008*, section 41; or
 - (iii) does not comply with the assessment order; or
 - (b) a person mentioned in section 16 (1) (d) or (e).
- (2) The ACAT may order the removal of the person to a mental health facility to conduct the assessment.
- (3) The order must state—
- (a) the day (being a day not later than 1 month after the day the order is made) on which the order stops having effect; and
 - (b) the mental health facility to which the person is to be removed; and
 - (c) the nature of the assessment to be conducted in relation to the person.
- (4) An order under this section authorises—
- (a) the arrest of the person named in the order; and

- (b) the removal of the person to the mental health facility stated in the order.

22A Executing orders to conduct assessments

- (1) This section applies if the ACAT makes an order under section 22.
- (2) The order may be executed by a police officer.
- (3) The police officer—
 - (a) may, with necessary and reasonable assistance and force, enter any premises to arrest the person; and
 - (b) must use the minimum amount of force necessary to arrest the person and remove the person to the stated facility; and
 - (c) must, before removing the person, explain to the person the purpose of the order.

22B Contact with others

- (1) This section applies if a person is admitted to a mental health facility under an order under section 22.
- (2) The person in charge of the facility must ensure that, while at the facility, the person admitted to the facility—
 - (a) has access to facilities; and
 - (b) adequate opportunity, to contact each of the following:
 - (i) a relative or friend;
 - (ii) the public advocate;
 - (iii) a legal practitioner.

22C Public advocate and lawyer to have access

- (1) This section applies if a person is admitted to a mental health facility under an assessment order.

- (2) The public advocate and the person's lawyer are entitled to have access to the person at any time.
- (3) The person in charge of the facility must, if asked by the public advocate or the person's lawyer, give the reasonable assistance necessary to allow the public advocate or lawyer to have access to the person.

22D Person to be assessed to be informed

- (1) This section applies if a person is admitted to a mental health facility under an assessment order.
- (2) The person in charge of the facility must, before an assessment is conducted, ensure that the person to be assessed is told about the assessment order.
- (3) This section applies even if the person to be assessed was present when the ACAT made the order.

22E Copies of assessments

- (1) This section applies to an assessment conducted at a mental health facility under an assessment order.
- (2) The person in charge of the mental health facility must, as soon as practicable after completing the assessment, give a copy of the assessment to—
 - (a) the person assessed; and
 - (b) the ACAT; and
 - (c) the public advocate; and
 - (d) if the person assessed was referred to the ACAT under section 13—the referring officer.

Division 4.3 Making of orders—preliminary matters

23 ACAT must consider assessment

Before making a mental health order in relation to a person, the ACAT must consider—

- (a) an assessment of the person conducted under an assessment order under division 4.2; or
- (b) another assessment of the person that the ACAT considers appropriate.

24 ACAT must hold inquiry

Before making a mental health order in relation to a person, the ACAT must hold an inquiry into the matter.

25 Consultation by ACAT etc

- (1) Before making a mental health order in relation to a person, the ACAT must, as far as practicable, consult—
 - (a) if the person is a child—the people with parental responsibility for the child under the *Children and Young People Act 2008*, division 1.3.2; and
 - (b) if the person has a guardian under the *Guardianship and Management of Property Act 1991*—the guardian; and
 - (c) the person most likely to be responsible for providing the treatment, programs and other services proposed to be ordered.
- (2) If the person has an attorney appointed under the *Powers of Attorney Act 2006*, the ACAT must also consider consulting the attorney.
- (3) Before making a mental health order for the provision of a particular treatment, program or other service (including an assessment) at a stated facility or by a stated person, the ACAT must be satisfied that

the treatment, program or service can be provided or performed at that facility or by that person.

26 What ACAT must take into account

In making a mental health order in relation to a person, the ACAT must take into account the following:

- (a) whether the person consents, refuses to consent or has the capacity to consent, to a proposed course of treatment, care or support;
- (b) the views and wishes of the person, so far as they can be found out;
- (c) the views and wishes of the people responsible for the day-to-day care of the person, so far as those views and wishes are made known to the ACAT;
- (d) the views of the people appearing at the proceeding;
- (e) the views of the people consulted under section 25;
- (f) that the person's welfare and interests should be appropriately protected;
- (g) that the person's rights should not be interfered with except to the least extent necessary;
- (h) that the person should be encouraged to look after himself or herself;
- (i) that, as far as possible, the person should live in the general community and join in community activities;
- (j) that any restrictions placed on the person should be the minimum necessary for the safe and effective care of the person;
- (k) the alternative treatments, programs and other services available, including—

- (i) the purposes of those treatments, programs and services;
and
 - (ii) the benefits likely to be derived by the person from those treatments, programs and services; and
 - (iii) the distress, discomfort, risks, side effects or other disadvantages associated with those treatments, programs and services;
- (l) any relevant medical history of the person;
 - (m) the religious, cultural and language needs of the person;
 - (n) for a person referred to the ACAT under section 13 or an offender with a mental impairment—the nature and circumstances of the offence in relation to which the person has been arrested, or may be or has been charged;
 - (o) for an offender with a mental impairment—the nature and extent of the person’s mental impairment, including the effect it is likely to have on the person’s behaviour in the future;
 - (p) for an offender with a mental impairment—whether or not, if the person is not detained—
 - (i) the person’s health or safety is, or is likely to be, substantially at risk; or
 - (ii) the person is likely to do serious harm to others;
 - (q) anything else prescribed under the regulations for this section.

27 ACAT must not order particular drugs etc

The ACAT must not order the administration of a particular drug or make an order about the way a particular clinical procedure is to be carried out.

Division 4.4 Psychiatric treatment orders

28 Criteria for making psychiatric treatment order

The ACAT may make a psychiatric treatment order in relation to a person if—

- (a) the person has a mental illness; and
- (b) the ACAT has reasonable grounds for believing that, because of the illness, the person is likely to—
 - (i) do serious harm to himself, herself or someone else; or
 - (ii) suffer serious mental or physical deterioration;unless subject to involuntary psychiatric treatment; and
- (c) the ACAT is satisfied that psychiatric treatment is likely to reduce the harm or deterioration (or the likelihood of harm or deterioration) mentioned in paragraph (b) and result in an improvement in the person's psychiatric condition; and
- (d) the treatment cannot be adequately provided in a way that would involve less restriction of the freedom of choice and movement of the person than would result from the person being an involuntary patient.

29 Content of psychiatric treatment order

- (1) A psychiatric treatment order made in relation to a person may state 1 or more of the following:
 - (a) a health facility to which the person may be taken;
 - (b) that the person must do either or both of the following:
 - (i) undergo psychiatric treatment, other than electroconvulsive therapy or psychiatric surgery;
 - (ii) undertake a counselling, training, therapeutic or rehabilitation program;

- (c) that limits may be imposed on communication between the person and other people.
- (2) A psychiatric treatment order may not include any requirement mentioned in section 31 (Content of restriction order).
- (3) A psychiatric treatment order made in relation to a person must include a statement that the person—
 - (a) has the capacity to consent to the order, and consents; or
 - (b) has the capacity to consent to the order, but refuses to do so; or
 - (c) does not have the capacity to consent to the order.

30 Criteria for making restriction order with psychiatric treatment order

In addition to making a psychiatric treatment order in relation to a person, the ACAT may make a restriction order in relation to the person if satisfied that it is in the interests of the person's health or safety or public safety to do so.

31 Content of restriction order

A restriction order made under section 30 in relation to a person may state either or both of the following:

- (a) that the person must—
 - (i) live (but not be detained) at a stated place; or
 - (ii) be detained at a stated place;
- (b) that the person must not approach a stated person or stated place or undertake stated activities.

32 Role of chief psychiatrist

- (1) The chief psychiatrist is responsible for the treatment and care of a person to whom a psychiatric treatment order applies.

- (2) Within 5 working days after the day the order is made, the chief psychiatrist must determine, in writing—
- (a) the times when and the place where the person is required to attend to receive treatment, care or support, or undertake a counselling, training, therapeutic or rehabilitation program, in accordance with the order; and
 - (b) the nature of the psychiatric treatment to be given to the person.
- Note* If a form is approved under s 146A for a determination, the form must be used.
- (3) The chief psychiatrist must also determine, in writing, the place where the person must live if—
- (a) the ACAT has not made a restriction order requiring the person to live at a stated place; and
 - (b) the chief psychiatrist considers that the person should live at a place other than the place where the person usually lives.
- (4) Before making a determination, the chief psychiatrist must, if practicable, consult—
- (a) the person; and
 - (b) if the person has a guardian under the *Guardianship and Management of Property Act 1991*—the guardian; and
 - (c) if the person has an attorney appointed under the *Powers of Attorney Act 2006*—the attorney.
- (5) For subsection (2) (b), the chief psychiatrist must not determine treatment that has, or is likely to have, the effect of subjecting the person to whom it is given to undue stress or deprivation, having regard to the benefit likely to result from the treatment.

- (6) As soon as practicable after making a determination, the chief psychiatrist must give a copy of the determination to the ACAT and the public advocate.
- (7) The chief psychiatrist may also give a copy of the determination to—
 - (a) any guardian consulted under subsection (4) (b); and
 - (d) any attorney consulted under subsection (4) (c).

33 Treatment to be explained

- (1) Before treatment is given to a person under a psychiatric treatment order, the chief psychiatrist must explain to the person the nature and effects (including any side effects) of the treatment.
- (2) The explanation must be given in the language or way of communicating that the person is most likely to understand.

34 Action if psychiatric treatment order no longer appropriate

- (1) This section applies if the chief psychiatrist is satisfied that—
 - (a) a person subject to a psychiatric treatment order is no longer a person in relation to whom the ACAT could make a psychiatric treatment order; or
 - (b) if the person is also subject to a restriction order—it is no longer necessary for the person to be subject to the restriction order.
- (2) The chief psychiatrist must tell the ACAT and the public advocate in writing.

Note The ACAT must review the order within 72 hours after being notified under this section (see s 36L (2)).

35 Powers in relation to detention, restraint etc

- (1) This section applies if a psychiatric treatment order has been made in relation to a person.
- (2) If the chief psychiatrist considers that it is necessary for the treatment and care of the person to detain the person at certain premises, the chief psychiatrist may—
 - (a) take, or authorise someone else to take, the person to the premises and for that purpose—
 - (i) use the force and assistance that is necessary and reasonable to apprehend the person and take the person to the premises stated by the chief psychiatrist; and
 - (ii) if there are reasonable grounds for believing that the person is at particular premises—enter those premises using the force and assistance that is necessary and reasonable; and
 - (b) keep the person at the premises in the custody that the chief psychiatrist considers appropriate; and
 - (c) subject the person to the confinement or restraint that is necessary and reasonable—
 - (i) to prevent the person from causing harm to himself, herself or someone else; or
 - (ii) to ensure that the person remains in custody under the order; and
 - (d) subject the person to involuntary seclusion if satisfied that it is the only way in the circumstances to prevent the person from causing harm to himself, herself or someone else.
- (3) In acting under this section, the chief psychiatrist must have regard to the matters stated in section 7 (Objectives of Act) and section 9 (Maintenance of freedom, dignity and self-respect).

- (4) If the chief psychiatrist subjects a person to involuntary restraint or seclusion, the chief psychiatrist must—
- (a) enter in the person's record the fact of and the reasons for the involuntary restraint or seclusion; and
 - (b) tell the public advocate in writing within 24 hours after the person is subjected to the involuntary restraint or seclusion; and
 - (c) keep a register of the involuntary restraint or seclusion.

Division 4.5 Community care orders

36 Criteria for making community care order

The ACAT may make a community care order in relation to a person if—

- (a) the person is mentally dysfunctional; and
- (b) the ACAT has reasonable grounds for believing that, because of the mental dysfunction, the person is likely to—
 - (i) do serious harm to himself, herself or someone else; or
 - (ii) suffer serious mental or physical deterioration;unless subject to involuntary treatment, care or support; and
- (c) the ACAT is satisfied that treatment, care or support is likely to reduce the harm, or the likelihood of harm, mentioned in paragraph (b); and
- (d) the ACAT is satisfied that, in the circumstances, a psychiatric treatment order should not be made; and
- (e) the treatment, care or support cannot be adequately provided in a way that would involve less restriction of the freedom of choice and movement of the person than would result from the person being an involuntary patient.

36A Content of community care order

- (1) A community care order made in relation to a person may state 1 or more of the following:
 - (a) that the person is to be given treatment, care or support;
 - (b) that the person may be given medication for the treatment or amelioration of the person's mental dysfunction that is prescribed by a doctor;
 - (c) that the person is to undertake a counselling, training, therapeutic or rehabilitation program;
 - (d) that limits may be imposed on communication between the person and other people.
- (2) A community care order may not include any requirement mentioned in section 36C (Content of restriction order).
- (3) A community care order made in relation to a person must include a statement that the person—
 - (a) has the capacity to consent to the order, and consents; or
 - (b) has the capacity to consent to the order, but refuses to do so; or
 - (c) does not have the capacity to consent to the order.

36B Criteria for making restriction order with community care order

In addition to making a community care order in relation to a person, the ACAT may make a restriction order in relation to the person if satisfied that it is in the interests of the person's health or safety or public safety to make the order.

36C Content of restriction order

A restriction order made under section 36B in relation to a person may state either or both of the following:

- (a) that the person must—
 - (i) live (but not be detained) at a stated community care facility or another stated place; or
 - (ii) be detained at a stated community care facility;
- (b) that the person must not approach a stated person or stated place or undertake stated activities.

36D Role of care coordinator

- (1) The care coordinator is responsible for coordinating the provision of treatment, care and support for a person to whom a community care order applies.
- (2) Within 5 working days after the day the order is made, the care coordinator must determine, in writing, the times when and the place where the person is required to attend to receive treatment, care or support, or undertake a counselling, training, therapeutic or rehabilitation program, in accordance with the order.

Note If a form is approved under s 146A for a determination, the form must be used.

- (3) Before making a determination, the care coordinator—
 - (a) must consult—
 - (i) the ACAT; and
 - (ii) if the person has an attorney appointed under the *Powers of Attorney Act 2006*—the attorney; and
 - (iii) if the person has a guardian under the *Guardianship and Management of Property Act 1991*—the guardian; and
 - (b) if practicable, must consult—

- (i) the person; and
 - (ii) if the person has an attorney appointed under the *Powers of Attorney Act 1956*—the attorney; and
- (c) may consult any other service provider the care coordinator considers relevant.
- (4) After making a determination, the care coordinator must record whether the person was consulted and—
 - (a) if the person was consulted—what the person’s views were; or
 - (b) if the person was not consulted—the reasons why.
- (5) As soon as practicable after making a determination, the care coordinator must give a copy of the determination to—
 - (a) the ACAT; and
 - (b) the public advocate; and
 - (c) any guardian consulted under subsection (3) (a) (iii); and
 - (d) any attorney consulted under subsection (3) (b) (ii).
- (6) The care coordinator may also give a copy of the determination to—
 - (a) anyone consulted under subsection (3) (c); and
 - (b) anyone providing treatment to the person.

36E Treatment to be explained

- (1) Before treatment is given to a person under a community care order, the care coordinator must ensure that the nature and effects (including any side effects) of the treatment are explained to the person.
- (2) The explanation must be given in the language or way of communicating that the person is most likely to understand.

36F Action if community care order no longer appropriate

- (1) This section applies if the care coordinator is satisfied that—
 - (a) a person subject to a community care order is no longer a person in relation to whom the ACAT could make a community care order; or
 - (b) if the person is also subject to a restriction order—it is no longer necessary for the person to be subject to the restriction order.
- (2) The care coordinator must tell the ACAT and the public advocate in writing.

Note The ACAT must review the order within 72 hours after being notified under this section (see s 36L (2)).

36G Powers in relation to detention, restraint etc

- (1) Subsection (2) applies if a community care order has been made in relation to a person and—
 - (a) a restriction order has also been made in relation to the person requiring the person to be detained at a community care facility; or
 - (b) the care coordinator requires the person to be detained at a community care facility under section 36K (Contravention of psychiatric treatment order or community care order).
- (2) The care coordinator may—
 - (a) take, or authorise someone else to take, the person to the premises and, for that purpose—
 - (i) use the force and assistance that is necessary and reasonable to apprehend the person and take the person to the premises; and
 - (ii) if there are reasonable grounds for believing that the person is at particular premises—enter those premises

- using the force and assistance that is necessary and reasonable; and
- (b) keep the person at the premises in the custody that the ACAT considers appropriate; and
 - (c) subject the person to the confinement or restraint that is necessary and reasonable—
 - (i) to prevent the person from causing harm to himself, herself or someone else; or
 - (ii) to ensure that the person remains in custody under the order; and
 - (d) subject the person to involuntary seclusion if satisfied that it is the only way in the circumstances to prevent the person from causing harm to himself, herself or someone else; and
- (3) If a community care order made in relation to a person authorises the giving of medication for the treatment or amelioration of the person's mental dysfunction, the care coordinator may—
- (a) approve the administration by appropriately trained people of medication prescribed by a doctor in accordance with the order; and
 - (b) for that purpose, use (or authorise someone else to use) the force and assistance that is necessary and reasonable.
- (4) In acting under subsection (2) or (3), the care coordinator must have regard to the matters stated in section 7 (Objectives of Act) and section 9 (Maintenance of freedom, dignity and self-respect).
- (5) If the care coordinator subjects a person to involuntary restraint or seclusion, or the involuntary administration of medication prescribed by a doctor, the care coordinator must—
- (a) enter in the person's record the fact of and the reasons for the involuntary restraint, seclusion or administration of medication; and

- (b) tell the ACAT and the public advocate in writing within 24 hours after the person is subjected to the involuntary restraint, seclusion or administration of medication; and
- (c) keep a register of the involuntary restraint, seclusion or administration of medication.

Division 4.6 Limits on communication

36H Limits on communication

- (1) This section applies if—
 - (a) a mental health order is made in relation to a person; and
 - (b) the ACAT orders that limits may be imposed on communication between the person and other people; and
 - (c) the relevant official has reasonable grounds for believing that it is necessary, in the interests of the effective treatment of the person, that communication between the person and other people be limited.
- (2) The relevant official may, subject to the order mentioned in subsection (1) (b), impose limits on communication by the person with other people that are necessary and reasonable to avoid prejudicing the effectiveness of the treatment.
- (3) As soon as practicable after imposing limits on communication by a person, the relevant official must explain to the person—
 - (a) the nature of the limits; and
 - (b) the period for which the limits will be in effect; and
 - (c) the reasons for imposing the limits.
- (4) The explanation must be given in the language or way of communicating that the person is most likely to understand
- (5) Limits must not be imposed for a period longer than 7 days.

- (6) Subsection (5) does not prevent further limits being imposed immediately after the limits previously imposed cease to have effect.
- (7) This section has effect despite part 6 (Rights of mentally dysfunctional or mentally ill persons) but subject to section 36I.
- (8) In this section:
relevant official, in relation to a person subject to a mental health order, means—
 - (a) if the person is subject to a psychiatric treatment order—the chief psychiatrist; and
 - (b) if the person is subject to a community care order—the care coordinator.

36I Communication with public advocate and person's lawyer

- (1) If the relevant official has imposed limits on communication by a person under section 36H, the official must ensure that the person has reasonable access to facilities, and adequate opportunity, to contact the public advocate and the person's lawyer.
- (2) The relevant official must, if asked by the public advocate or the person's lawyer, give any reasonable assistance necessary to allow the public advocate or lawyer to have access to the person.
- (3) In this section:
relevant official—see section 36H (8).

Division 4.7 Duration, contravention and review of orders

36J Duration of orders

- (1) Unless sooner revoked—

- (a) a psychiatric treatment order or community care order has effect for—
 - (i) 6 months; or
 - (ii) if a shorter period is stated in the order—the shorter period; and
 - (b) a restriction order has effect for—
 - (i) 3 months; or
 - (ii) if a shorter period is stated in the order—the shorter period.
- (2) This section does not apply to an order made in relation to an offender with a mental impairment.

36K Contravention of psychiatric treatment order or community care order

- (1) This section applies if—
- (a) a mental health order (but not a restriction order) is in force in relation to a person; and
 - (b) the person contravenes the order.
- (2) This section also applies if—
- (a) a restriction order is in force in relation to a person; and
 - (b) the relevant official tells the ACAT that the relevant official considers that the person has contravened the order; and
- Note* The ACAT must review the order within 72 hours after being notified under this section (see s 36L (2)).
- (c) the ACAT authorises the relevant official to act under this section.
- (3) The relevant official may—

- (a) orally tell the person that failure to comply with the order may result in the person being apprehended and being taken to an approved mental health facility for treatment or care; and
 - (b) if the noncompliance continues after the taking of action under paragraph (a)—tell the person in writing that failure to comply with the order will result in the person being apprehended and being taken to an approved mental health facility for treatment or care; and
 - (c) if the noncompliance continues after the taking of action under paragraph (b)—require the person to be detained in an approved mental health facility to ensure compliance with the order.
- (4) If the relevant official requires the detention of a person under subsection (3) (c), he or she must tell the ACAT and the public advocate—
- (a) the name of the person detained; and
 - (b) the reasons for requiring the detention; and
 - (c) the name and address of the approved mental health facility where the person is detained.
- (5) If a person is required to be detained under subsection (3) (c), a police officer, mental health officer or doctor may apprehend the person and take the person to an approved mental health facility.
- (6) For subsection (5), a police officer, mental health officer or doctor—
- (a) may use the force and assistance that is necessary and reasonable to apprehend the person and take the person to the facility; and
 - (b) if there are reasonable grounds for believing that the person is at particular premises—may enter those premises using the force and assistance that is necessary and reasonable.

- (7) If a person is detained under subsection (3) (c), the relevant official must tell the ACAT and the public advocate within 72 hours.
- (8) In this section:
relevant official—see section 36H (8).

36L Review, variation and revocation of orders

- (1) The ACAT may, on application or on its own initiative, review a mental health order in force in relation to a person.
- (2) If the ACAT receives notice under section 34, section 36F or section 36K (2) in relation to a person, the ACAT must review the mental health orders in force in relation to the person within 72 hours.
- (3) Subsection (2) has effect despite section 85 (Notice of hearing).
- (4) If the ACAT is satisfied that a person subject to a psychiatric treatment order or community care order is no longer a person in relation to whom the ACAT could make a psychiatric treatment order or community care order, the ACAT must revoke all the mental health orders in force in relation to the person.
- (5) In any other case, the ACAT may, if appropriate to do so—
 - (a) vary or revoke any of the mental health orders in force in relation to the person; or
 - (b) make additional mental health orders in relation to the person; or
 - (c) make an order for another assessment under section 16 in relation to the person.

Part 5 Emergency detention and care

37 Apprehension

- (1) If a police officer has reasonable grounds for believing that a person is mentally dysfunctional or mentally ill and has attempted or is likely to attempt—
 - (a) to commit suicide; or
 - (b) to inflict serious harm on himself or herself or another person;the police officer may apprehend the person and take him or her to an approved health facility.
- (2) Where a doctor or mental health officer believes on reasonable grounds that—
 - (a) a person is mentally dysfunctional or mentally ill and—
 - (i) as a consequence, requires immediate treatment or care; or
 - (ii) in the opinion of the doctor or mental health officer, the person's condition will deteriorate within 3 days to such an extent that the person would require immediate treatment or care;
 - (b) the person has refused to receive that treatment or care; and
 - (c) detention is necessary for the person's own health or safety, social or financial wellbeing, or for the protection of members of the public; and
 - (d) adequate treatment or care cannot be provided in a less restrictive environment;the doctor or mental health officer may apprehend the person and take him or her to an approved health facility.

- (3) The ACAT must, on application, review the decision of a doctor or mental health officer under subsection (2) (a) (ii) within 2 working days after the day the application is made.
- (4) For subsections (1) and (2), a police officer, doctor or mental health officer—
 - (a) may use such force and assistance as is necessary and reasonable to apprehend the person and take him or her to the facility; and
 - (b) if there are reasonable grounds for believing that the person is at certain premises—may enter those premises using such force and with such assistance as is necessary and reasonable.

38 Detention

- (1) Where a person is taken to an approved health facility under section 37 or the Crimes Act, section 309 (1) (a), the person in charge of the facility shall detain the person at the facility and while the person is so detained—
 - (a) may keep the person in such custody as the person in charge thinks appropriate; and
 - (b) may subject the person to such confinement as is necessary and reasonable—
 - (i) to prevent the person from causing harm to himself or herself or to another person; or
 - (ii) to ensure that the person remains in custody; and
 - (c) may subject the person to such restraint (other than confinement) as is necessary and reasonable—
 - (i) to prevent the person from causing harm to himself or herself or to another person; or
 - (ii) to ensure that the person remains in custody.

- (2) If a doctor or mental health officer believes on reasonable grounds that a person who has voluntarily attended an approved health facility is a person to whom section 37 (2) (a) to (d) apply, the doctor or mental health officer may detain the person at the facility and, while the person is so detained, the person in charge of the facility may exercise the powers mentioned in subsection (1) (a) to (c) in relation to the person detained.

38A Circumstances in which copy of court order to be provided

A police officer or corrections officer who conveys an accused person to an approved health facility for examination by a medical practitioner under the Crimes Act, section 309 (1) (a) shall give a copy of the court order to the person in charge of the facility.

39 Statement of action taken

- (1) A police officer, doctor or mental health officer shall, as soon as practicable after taking a person to an approved health facility under section 37, prepare and give to the person in charge of the facility a written statement containing a description of the action taken under that section, including the following details:
- (a) the name and address (if known) of the person taken to the facility;
 - (b) the date and time when the person was taken to the facility;
 - (c) detailed reasons for taking the action;
 - (d) the extent of the force or assistance used to enter any premises, or to apprehend the person and to take him or her to the facility.
- (2) The person in charge of a facility who receives a statement under subsection (1) shall place the statement with the clinical records of the person whom it concerns.

40 Examination by doctor

- (1) The person in charge of an approved health facility shall ensure that a person taken to the facility under section 37 or the Crimes Act, section 309 (1) (a) is examined by a doctor employed at the facility within 4 hours of the person arriving at the facility.
- (2) The person in charge of an approved mental health facility must ensure that a person detained at the facility under section 38 (2) is examined by a doctor employed at the facility within 4 hours of being detained.

41 Authorisation of involuntary detention

- (1) Where the doctor who examines a person under section 40 has reasonable grounds for believing that—
 - (a) the person is mentally dysfunctional or mentally ill and—
 - (i) as a consequence, requires immediate treatment or care; or
 - (ii) in the opinion of the doctor, the person's condition will deteriorate within 3 days to such an extent that the person would require immediate treatment or care; and
 - (b) the person has refused to receive that treatment or care; and
 - (c) detention is necessary for the person's own health or safety, social or financial wellbeing, or for the protection of members of the public; and
 - (d) adequate treatment or care cannot be provided in a less restrictive environment;

the doctor may authorise the involuntary detention and care of the person at an approved mental health facility for a period not exceeding 3 days.

- (2) Where—
- (a) a person is detained under subsection (1); and
 - (b) an application for further detention is made by a psychiatrist before the period of detention expires;
- the ACAT may order that, on the expiration of that period, the person be so detained for the further period (not exceeding 7 days) specified in the order.
- Note* If a form is approved under s 146A (Approved forms) for a seclusion register, the form must be used.
- (3) The ACAT shall, on application, review the decision of a doctor or mental health officer under subsection (1) (a) (ii) within 2 working days of the date of receipt of the application.
- (4) On receipt of an application under subsection (2) (b), the ACAT shall review an order under subsection (2) within 2 working days after the date of the application.

41A Notification of Magistrates Court about emergency detention or release from emergency detention

The person in charge of an approved health facility—

- (a) shall notify the Magistrates Court of the results of an examination conducted by a doctor under an order under the Crimes Act, section 309 (1); and
- (b) if, after examination by the doctor—
 - (i) the person is to be detained for treatment or care—shall ensure that the person is detained for the purposes of receiving that treatment or care; or
 - (ii) the person is not to be detained for treatment or care, or is to be released after being detained—shall release the person into the custody of a police officer.

42 Notification of certain persons about detention

- (1) This section applies if a doctor authorises the involuntary detention of a person under section 41 (1).
- (2) The doctor must, within 12 hours after authorising the involuntary detention, notify the public advocate and the ACAT of—
 - (a) the name of the person detained; and
 - (b) the reasons for authorising the involuntary detention and care; and
 - (c) the name and address of the approved mental health facility where the person is being detained.

Maximum penalty: 5 penalty units.

- (3) The person in charge of a facility in which a person is detained under section 41 shall, if the accused person has been taken to the facility in accordance with an order under the Crimes Act, section 309 (1) (a), in addition to complying with subsection (1) of this section, notify the court of the reasons for the involuntary detention and care.
- (4) The person in charge of a facility in which a person is detained under section 41 shall ensure that the person has adequate opportunity to notify a relative or friend of the person's detention.

43 Medical examination

The person in charge of an approved mental health facility shall ensure that a proper physical and psychiatric examination of a person detained at the facility under section 41 (1) is undertaken within 24 hours of the person being so detained.

44 Treatment during detention

- (1) The person in charge of a mental health facility at which a person is detained under section 41 shall ensure that during the period of detention—
 - (a) any custody under which the person detained is kept; and
 - (b) any confinement or other restraint to which the person detained is subjected; and
 - (c) any treatment administered to the person detained;

is the minimum necessary to prevent any immediate and substantial risk of the person detained causing harm to himself or herself or to another person.

Note Special provisions apply for the emergency administration of electroconvulsive therapy (see subdiv 7.2.4).

- (2) Subsection (1) does not apply if a person has a mental illness for which, in the opinion of a psychiatrist, the most appropriate treatment is long acting medication.
- (3) In determining whether to administer long acting medication, the psychiatrist shall take into account the likely deterioration in the person's condition within 3 days of his or her examination of the person.

45 Communication during detention

- (1) A person commits an offence if—
 - (a) the person is in charge of a mental health facility; and
 - (b) a person (the *detainee*) is detained at the facility; and

- (c) the person does not ensure that, during the detention, the detainee has reasonable access to facilities, and adequate opportunity, to contact the public advocate and the detainee's lawyer.

Maximum penalty: 20 penalty units.

- (2) A person commits an offence if—
 - (a) the person is in charge of a mental health facility; and
 - (b) a person (the *detainee*) is detained at the facility; and
 - (c) the public advocate or the detainee's lawyer asks the person to give any reasonable assistance necessary to allow the public advocate or lawyer to have access to the detainee; and
 - (d) the person does not ensure that the assistance is given.

Maximum penalty: 50 penalty units.

- (3) An offence against this section is a strict liability offence.

46 Orders for release

- (1) If satisfied that the detention of a person under section 41 (1) or (2) is no longer justified then, subject to subsection (2)—
 - (a) the doctor who examined the person under section 43; or
 - (b) the chief psychiatrist; or
 - (c) the ACAT;may order the release of the person before the period of detention authorised under that subsection expires.
- (2) If the person detained under section 41 (1) or (2) is an accused person to whom an order under the Crimes Act, section 309 (1) applies—
 - (a) the doctor who examined the person under section 43; or

- (b) the chief psychiatrist; or
- (c) the ACAT;

shall notify the person in charge of an approved mental health facility if satisfied that the detention of the person is no longer justified.

47 Duty to release

- (1) A person in charge of an approved mental health facility shall ensure that a person detained at that facility under section 41 (1) or (2)—
 - (a) is released in accordance with an order under section 46; or
 - (b) if no such order is made and subject to any other order of the ACAT—is released at the expiration of the period of detention authorised under section 41 (1) or (2).

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

- (2) If the person in charge of an approved mental health facility is notified under section 46 (2), he or she shall, as soon as practicable, discharge the person to whom the notification relates into the custody of a police officer.

48 Approved facilities

- (1) The Minister may approve—
 - (a) a health facility as a facility to which persons may be taken under a psychiatric treatment order mentioned in section 29 (1) or under section 37; or
 - (b) a mental health facility as a facility at which persons may be detained under section 36K or involuntarily detained and cared for under section 41.

- (2) An approval under subsection (1) (a) is a notifiable instrument.

Note A notifiable instrument must be notified under the *Legislation Act 2001*.

- (3) An approval under subsection (1) (b) is a disallowable instrument.

Note A disallowable instrument must be notified, and presented to the Legislative Assembly, under the *Legislation Act 2001*.

Part 5A Interstate application of mental health laws

Division 5A.1 Preliminary

48A Object of pt 5A

The object of this part is to provide for—

- (a) the interstate transfer of patients under mental health legislation; and
- (b) the interstate recognition of documents that authorise the detention of persons under mental health legislation; and
- (c) the treatment in the ACT of persons subject to mental health orders or similar orders made in other States; and
- (d) the apprehension of persons subject to certain interstate warrants or orders, or otherwise liable to apprehension, under mental health legislation.

48B Definitions for pt 5A

In this part:

agreement means an agreement made under section 48C.

corresponding law means a law of another State which is declared to be a corresponding law under section 48D (1).

interstate custodial patient means a person who is declared to be an interstate custodial patient under section 48D (2).

interstate non-custodial order means an order which is declared to be an interstate non-custodial order under section 48D (4).

State includes Territory.

48C Authority to enter into agreements

- (1) The Minister may enter into an agreement with a Minister of another State for or with respect to the application of mental health laws of the ACT or the other State, the transfer, detention and apprehension of persons in the ACT and the other State under mental health laws and administrative matters and other matters ancillary to, or consequential on, any of those matters or other matters contained in this part.
- (2) Nothing in this section limits the power of the Minister to enter into any agreement relating to mental health laws.
- (3) An agreement under subsection (1) is a notifiable instrument.

Note A notifiable instrument must be notified under the Legislation Act.

48D Recognition of interstate laws and orders

- (1) The regulations may declare that a specified law of another State relating to mental health is a corresponding law for this part.
- (2) The regulations may declare that a specified class of persons, being persons who under a corresponding law are required to be detained at a hospital or other facility or in the custody of a person, are interstate custodial patients for this part.
- (3) The regulations may declare that a class of interstate custodial patients corresponds to 1 of the following:
 - (a) persons being detained under section 38, with the detention having commenced at a specified time;
 - (b) persons being detained under section 41, with the detention having commenced at a specified time;
 - (c) persons subject to a specified custody order that was made at a specified time.
- (4) The regulations may declare that a specified class of orders made under a corresponding law, being orders which require the treatment

of a person but not the holding of the person in custody, are interstate non-custodial orders for this part.

48E Territory officers may exercise functions under corresponding laws

Subject to any agreement under section 48C, a person authorised by the Minister for this section may exercise any function conferred on him or her by or under a corresponding law or an agreement under section 48C.

Division 5A.2 Transfer of persons from ACT

48F Emergency admission of persons to health facilities in other States

- (1) A person who may be apprehended and detained at an approved health facility under section 37 may be taken to a health facility in another State for detention instead, if this is permitted by or under a corresponding law of the other State.
- (2) A person may be taken to a health facility in another State under this section by—
 - (a) a person who is authorised by this Act to apprehend the person and deliver him or her to an approved health facility, if this is permitted by or under the law of the other State; or
 - (b) any other person who is authorised to do so by the regulations or under a provision of a corresponding law of the other State.
- (3) The regulations may provide for or with respect to—
 - (a) the handing over of custody of a person referred to in subsection (1) by persons in the ACT; and
 - (b) the persons (including interstate persons) who may take such a person to a health facility in another State under this section; and

- (c) the health facilities to which a person may be taken under this section.

48G Transfer of custodial patients from ACT

- (1) A person who—
 - (a) is being detained at an approved health facility or an approved mental health facility under section 38 or 41; or
 - (b) is subject to a psychiatric treatment order and is being detained under—
 - (i) a restriction order made under section 30; or
 - (ii) action taken under section 35 (Powers in relation to detention, restraint etc) or section 36K (Contravention of psychiatric treatment order or community care order);

may be transferred to a health facility in another State, if the transfer is permitted by or under a provision of a corresponding law of the other State and is in accordance with the regulations.

- (2) A person may be taken to a health facility in another State under this section by a person who is authorised to do so by the regulations or under a provision of a corresponding law of the other State.
- (3) The regulations may provide for or with respect to—
 - (a) procedures for authorising the transfer of a person under this section and for notifying any such transfer or proposed transfer; and
 - (b) criteria for authorising the transfer of a person under this section; and
 - (c) the handing over of custody of such a person by persons in the ACT; and

- (d) the persons (including interstate persons) who may take a person to a health facility in another State under this section; and
- (e) the health facilities to which a patient may be taken under this section.

48H Application of Act to persons transferred interstate

- (1) Subject to the regulations, this Act ceases to apply to a person who is accepted into the custody of a responsible person at a health facility in another State under section 48F or 48G.
- (2) Where an agreement under section 48C allows it, the regulations may provide for provisions of this Act to continue to apply in specified circumstances to a person after the person is accepted into the custody referred to in subsection (1).

Division 5A.3 Transfer of persons to ACT

48I Emergency admission of interstate persons to approved health facilities

- (1) A person who may be taken to and detained in a hospital or other facility in another State under a corresponding law of that State may instead be taken to and detained in an approved health facility in the ACT.
- (2) A person may be taken to an approved health facility in the ACT under this section by—
 - (a) a person who is authorised under section 37 to apprehend a person and take the person to an approved health facility, if this is permitted by or under a law of the other State; or
 - (b) any other person who is authorised to do so by the regulations or under a provision of a corresponding law of the other State.
- (3) The regulations may provide for or with respect to—

- (a) the handing over of custody of a person referred to in subsection (1) to persons in the ACT; and
- (b) the persons (including interstate persons) who may take such a person to an approved health facility in the ACT under this section; and
- (c) the health facilities to which a person may be taken under this section.

48J Application of Act to persons detained under s 48I

This Act applies to a person who is taken to and detained in an approved health facility under section 48I as if it had been done under section 37.

48K Transfer of interstate custodial patients to health facilities in ACT

- (1) An interstate custodial patient may be transferred to an approved health facility or an approved mental health facility in the ACT, if the transfer is authorised under a provision of a corresponding law of the other State and accepted by the person in charge of the facility.
- (2) An interstate custodial patient may be taken to a facility in the ACT under this section by a person who is authorised to do so by the regulations or under a provision of a corresponding law of the other State.
- (3) The person in charge of an approved health facility or an approved mental health facility shall not accept the transfer of an interstate custodial patient to the facility unless the person in charge is satisfied that the patient could reasonably be detained under this Act.
- (4) A regulation may make provision in relation to the following:

- (a) the procedures for authorising and arranging the receipt of an interstate custodial patient under this section;
- (b) a person (including an interstate person) who may take an interstate custodial patient to a facility in the ACT under this section;
- (c) receiving custody of an interstate custodial patient by a person in the ACT;
- (d) the period within which an interstate custodial patient must be reviewed by the ACAT after being transferred to a facility in the ACT.

48L Application of Act to persons transferred to ACT under sections 48K

An interstate custodial patient who is transferred to an approved health facility or an approved mental health facility under section 48K is subject to this Act—

- (a) where no regulation has been made under section 48D (3) that applies to the patient—as if the patient had been first detained at the facility in accordance with section 38 at the time of admission to the facility; or
- (b) where a regulation made under section 48D (3) (a) applies to the patient—as if the patient had been first detained at the facility in accordance with section 38 at the time specified in the regulation; or
- (c) where a regulation made under section 48D (3) (b) applies to the patient—as if the patient had been first detained at the facility in accordance with section 41 at the time specified in the regulation; or
- (d) where a regulation made under section 48D (3) (c) applies to the patient—as if the patient were subject to the custody order specified in the regulation.

Division 5A.4 Psychiatric treatment orders and interstate non-custodial orders

48M Psychiatric treatment orders relating to interstate people

- (1) A psychiatric treatment order may be made under division 4.4 even though the affected person does not reside in the ACT, if—
 - (a) the agencies responsible for implementing the order are located in the ACT; or
 - (b) the order is allowed under an agreement under section 48C with the State where the person resides.
- (2) However, a restriction order mentioned in section 31 (a) (ii) may not be made in relation to the affected person.

48N Orders relating to ACT residents

- (1) Where a person (the *patient*) is subject to an interstate non-custodial order, persons who are authorised under the corresponding law of the State concerned to implement the order may treat the patient in the ACT and exercise other functions in the ACT for the purpose of implementing the order.
- (2) The regulations may provide for or with respect to—
 - (a) limiting the persons who may act under this section; and
 - (b) limiting the treatment that may be given or functions that may be exercised under this section.

Division 5A.5 Apprehension of persons absent from custody or in breach of orders

48P Recognition of apprehension orders

A warrant, order or other document issued under a corresponding law, being a document which authorises the apprehension of a

person, is recognised in the ACT if the conditions for recognition set out in the regulations are met.

48Q Apprehension of interstate persons absent without leave or in breach of orders

- (1) Where a person—
- (a) is the subject of a warrant, order or other document recognised in the ACT under section 48P; or
 - (b) is otherwise liable to be apprehended, under a provision of a corresponding law under which the person may be apprehended and taken to a health facility;
- the person may be apprehended at any time—
- (c) by a police officer; or
 - (d) by a person who is authorised to do so by the regulations or under a provision of a corresponding law of the other State.
- (2) A person who has been apprehended under this section may be—
- (a) conveyed to and detained in an approved health facility in the ACT; or
 - (b) where it is permitted by a corresponding law of the other State concerned—conveyed to that State and there dealt with in accordance with the corresponding law.
- (3) This Act applies to a person conveyed to and detained in an approved health facility under subsection (2) (a) as if the person were first detained at the facility in accordance with section 41 at the time of admission to the facility.

48R Regulations relating to apprehension of persons

The regulations may provide for or with respect to—

- (a) the kinds of warrants, orders or other documents that may be recognised in the ACT for this part; and
- (b) the conditions (if any) to be met before a warrant, order or other document can be recognised in the ACT; and
- (c) the circumstances when a person is taken to be liable to be apprehended under a corresponding law; and
- (d) the persons (including interstate persons) who may apprehend a person under this section; and
- (e) the health facilities and places to which a person can be taken under this part (whether in the ACT or another State); and
- (f) the actions (including transfer to the other State) that may be taken in respect of a person detained under this part.

Part 6 Rights of mentally dysfunctional or mentally ill persons

49 Meaning of *responsible person*

In this part:

responsible person—

- (a) in relation to a mental health facility that is not conducted by the Territory—means the owner of the facility; or
- (b) in relation to a psychiatric institution conducted by the Territory—means the chief psychiatrist; or
- (c) in relation to any other mental health institution or community care facility conducted by the Territory—the director-general of the administrative unit responsible for the conduct of the institution or facility.

50 Statement of rights

- (1) The responsible person shall ensure that on admission to, or before receiving treatment at, the mental health facility or community care facility, a person—
 - (a) is orally advised of his or her rights under this Act; and
 - (b) is given a copy of an information statement containing—
 - (i) a prescribed statement setting out the rights and entitlements of persons under this Act, including the right to obtain legal advice and the right to seek a second opinion from an appropriate mental health professional; and
 - (ii) any other information relating to the treatment and care of the person that the Minister considers relevant.

- (2) The responsible person shall ensure that, wherever possible, a person is given an information statement in a language with which the person is familiar.
- (3) The responsible person shall ensure that, if a person appears to be incapable of reading and understanding an information statement, then as far as practicable arrangements are made to convey the information contained in the statement to the person in the language, mode of communication or terms that the person is most likely to understand.
- (4) The responsible person shall ensure that, if a person appears to be unable to understand the information contained in an information statement, the public advocate is informed of that fact.

51 Information to be provided

The responsible person shall ensure that the following items are kept at the mental health facility or community care facility in a place readily accessible to all persons admitted to, or receiving treatment at, the facility:

- (a) copies of this Act, the *Guardianship and Management of Property Act 1991* and any other relevant legislation;
- (b) copies of any publications prepared by the administrative unit to which responsibility for the administration of that legislation is allocated for the purpose of explaining the legislation;
- (c) copies of information statements printed in different languages;
- (d) a list of the addresses and telephone numbers of the offices of, and the relevant functions of, the following:
 - (i) the ACAT;
 - (ii) the Supreme Court;
 - (iii) the Magistrates Court;
 - (iv) the public advocate;

- (v) the chief psychiatrist;
- (vi) the care coordinator;
- (vii) the legal aid commission;
- (viii) the ombudsman.

52 Communication

- (1) The responsible person shall ensure that all persons admitted to, or receiving treatment at, the mental health facility or community care facility are given reasonable opportunities to communicate with persons of their choice by means other than written communication.
- (2) The responsible person shall ensure that a person admitted to, or receiving treatment at, the mental health facility or community care facility is provided, on request, with facilities for preparing written communications and for enclosing those communications in sealed envelopes.
- (3) The responsible officer shall ensure any written communication addressed to or written by a person admitted to, or receiving treatment at, the mental health facility or community care facility (other than an offender with a mental impairment) is forwarded without being opened and without delay to the person to whom it is addressed.
- (4) Subject to any security conditions imposed under any Act, the responsible officer shall ensure any written communication addressed to or written by an offender with a mental impairment is forwarded without being opened and without delay to the person to whom it is addressed.

53 Failure by owner to comply

The owner of a mental health facility that is not conducted by the Territory who, without reasonable excuse, fails to comply with this part commits an offence.

Maximum penalty: 20 penalty units.

Part 7 Electroconvulsive therapy and psychiatric surgery

Division 7.1 Consent

54 Informed consent

- (1) For this part, a person gives *informed consent* to a procedure if the consent is given by the person after—
- (a) the person has been given a clear explanation of the procedure that contains sufficient information to enable the person to make a balanced judgment about whether or not to consent to the procedure; and
 - (b) the person has been given an adequate description (without exaggeration or concealment) of the benefits, discomfort and risks involved in the procedure; and
 - (c) the person has been advised of all alternative treatments reasonably available that may be of benefit to the person; and
 - (d) the person has been given an opportunity to ask any questions about the procedure, those questions have been answered and the person appears to have understood the answers; and
 - (e) a full disclosure has been made to the person of any financial relationship between the person seeking to obtain the consent, the doctor who is proposing to conduct the procedure or both (as the case may be) and the psychiatric institution at which it is proposed to conduct the procedure; and
 - (f) the person has been given, has read and appears to have understood a notice stating that—
 - (i) the person has the right to obtain independent legal and medical advice and any other independent advice or assistance before giving informed consent; and

- (ii) the person is free to refuse or withdraw consent and to have the procedure discontinued at any time; and
 - (g) the person has been given an information statement.
- (2) For this part, informed consent shall be given in writing signed by the person giving the consent and witnessed by a person, other than the person seeking to obtain the consent or the doctor who is proposing to conduct the procedure.
- (3) In this section:
- procedure* means—
- (a) the administration of electroconvulsive therapy; or
 - (b) the performance of psychiatric surgery.

Division 7.2 Electroconvulsive therapy

Subdivision 7.2.1 What is *electroconvulsive therapy*?

55 What is *electroconvulsive therapy*?

For this Act:

electroconvulsive therapy means a procedure for the induction of an epileptiform convulsion in a person.

Subdivision 7.2.2 Informed consent for electroconvulsive therapy

55A Electroconvulsive therapy may be administered with consent

A doctor, or person authorised by a doctor, may administer electroconvulsive therapy to a person who is not the subject of a psychiatric treatment order if—

- (a) the person gives informed consent to the administration of the electroconvulsive therapy; and
- (b) the person has not had electroconvulsive therapy administered on 10 or more occasions since the consent; and
- (c) the person has not withdrawn the consent, either orally or in writing.

55B Offence—electroconvulsive therapy without consent

- (1) A doctor commits an offence if—
 - (a) a person has not given informed consent to the administration of electroconvulsive therapy; and
 - (b) the doctor—
 - (i) administers electroconvulsive therapy to the person; or
 - (ii) authorises the administration of electroconvulsive therapy to the person.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

- (2) This section does not apply to the administration of electroconvulsive therapy to a person in accordance with—
 - (a) an electroconvulsive therapy order in force in relation to the person; or
 - (b) an emergency electroconvulsive therapy order in force in relation to the person.

55C Offence—electroconvulsive therapy on 10 or more occasions since consent

- (1) A doctor commits an offence if—
 - (a) a person has given informed consent to the administration of electroconvulsive therapy; and

- (b) electroconvulsive therapy has been administered to the person on 10 or more occasions since the person consented; and
- (c) the doctor—
 - (i) administers electroconvulsive therapy to the person; or
 - (ii) authorises the administration of electroconvulsive therapy to the person.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

- (2) This section does not apply to the administration of electroconvulsive therapy to a person in accordance with—
 - (a) an electroconvulsive therapy order in force in relation to the person; or
 - (b) an emergency electroconvulsive therapy order in force in relation to the person.

55D Offence—electroconvulsive therapy after consent withdrawn

- (1) A doctor commits an offence if—
 - (a) a person has given informed consent to the administration of electroconvulsive therapy; and
 - (b) the person withdraws the consent, whether orally or in writing; and
 - (c) after the consent is withdrawn, the doctor—
 - (i) administers electroconvulsive therapy to the person; or

- (ii) authorises the administration of electroconvulsive therapy to the person.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

- (2) This section does not apply to the administration of electroconvulsive therapy to a person in accordance with—
 - (a) an electroconvulsive therapy order in force in relation to the person; or
 - (b) an emergency electroconvulsive therapy order in force in relation to the person.

Subdivision 7.2.3 Electroconvulsive therapy orders

55E Electroconvulsive therapy may be administered under electroconvulsive therapy order

A doctor, or person authorised by a doctor, may administer electroconvulsive therapy to a person who is the subject of a psychiatric treatment order if—

- (a) there is an electroconvulsive therapy order in force in relation to the person; and
- (b) the person has not had electroconvulsive therapy administered on 10 or more occasions since the electroconvulsive therapy order was made; and
- (c) if the electroconvulsive therapy order states that the person had the capacity to consent to the order, and gave informed consent to the order—the person has not withdrawn the consent, either orally or in writing.

55F Application for electroconvulsive therapy order

- (1) The chief psychiatrist or a doctor may apply for an order (an *electroconvulsive therapy order*) for the administration of electroconvulsive therapy to a person if—
 - (a) a psychiatric treatment order is in force in relation to the person; and
 - (b) the chief psychiatrist or doctor believes on reasonable grounds that—
 - (i) the administration of electroconvulsive therapy is likely to result in substantial benefit to the person; and
 - (ii) either—
 - (A) all other reasonable forms of treatment available have been tried but have not been successful; or
 - (B) the treatment is the most appropriate treatment reasonably available.
- (2) The application must be supported by the evidence of a psychiatrist other than the applicant.

55G Criteria for making electroconvulsive therapy order

The ACAT may make an electroconvulsive therapy order in relation to a person who is the subject of a psychiatric treatment order if—

- (a) the person—
 - (i) has given informed consent to the administration of electroconvulsive therapy; and
 - (ii) has not withdrawn the consent, either orally or in writing; or
- (b) the ACAT is satisfied that—

- (i) the person is, because of mental illness, incapable of weighing the considerations involved in deciding whether or not to consent to the administration of electroconvulsive therapy; and
- (ii) the administration of electroconvulsive therapy is likely to result in substantial benefit to the person; and
- (iii) either—
 - (A) all other reasonable forms of treatment available have been tried but have not been successful; or
 - (B) the treatment is the most appropriate treatment reasonably available.

55H Content of electroconvulsive therapy order

An electroconvulsive therapy order made in relation to a person must—

- (a) state that the person may be given electroconvulsive therapy; and
- (b) include a statement that the person—
 - (i) has the capacity to consent to the order, and gives informed consent; or
 - (ii) does not have the capacity to consent to the order.

Note The ACAT must give a copy of the order to certain people (see s 87).

55I Offence—electroconvulsive therapy without electroconvulsive therapy order

- (1) A doctor commits an offence if—
 - (a) a psychiatric treatment order is in force in relation to a person; and

- (b) an electroconvulsive therapy order is not in force in relation to the person; and
- (c) the doctor—
 - (i) administers electroconvulsive therapy to the person; or
 - (ii) authorises the administration of electroconvulsive therapy to the person.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

- (2) This section does not apply to the administration of electroconvulsive therapy to a person in accordance with an emergency electroconvulsive therapy order in force in relation to the person.

55J Offence—electroconvulsive therapy on 10 or more occasions since electroconvulsive therapy order

- (1) A doctor commits an offence if—
 - (a) a psychiatric treatment order is in force in relation to a person; and
 - (b) an electroconvulsive therapy order is in force in relation to the person; and
 - (c) electroconvulsive therapy has been administered to the person on 10 or more occasions since the ACAT made the electroconvulsive therapy order; and
 - (d) the doctor—
 - (i) administers electroconvulsive therapy to the person; or
 - (ii) authorises the administration of electroconvulsive therapy to the person.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

- (2) This section does not apply to the administration of electroconvulsive therapy to a person in accordance with an emergency electroconvulsive therapy order in force in relation to the person.

55K Offence—electroconvulsive therapy after order consent withdrawn

- (1) A doctor commits an offence if—
- (a) a psychiatric treatment order is in force in relation to a person; and
 - (b) an electroconvulsive therapy order is in force in relation to the person; and
 - (c) the electroconvulsive therapy order states that the person has the capacity to consent to the order, and gives informed consent; and
 - (d) the person withdraws the consent, whether orally or in writing; and
 - (e) after the consent is withdrawn, the doctor—
 - (i) administers electroconvulsive therapy to the person; or
 - (ii) authorises the administration of electroconvulsive therapy to the person.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

- (2) This section does not apply to the administration of electroconvulsive therapy to a person in accordance with an emergency electroconvulsive therapy order in force in relation to the person.

Subdivision 7.2.4 Emergency electroconvulsive therapy orders

55L Electroconvulsive therapy may be administered under emergency electroconvulsive therapy order

A doctor, or person authorised by a doctor, may administer electroconvulsive therapy to a person if—

- (a) there is an emergency electroconvulsive therapy order in force in relation to the person; and
- (b) the electroconvulsive therapy is administered in accordance with the emergency electroconvulsive therapy order.

55M Application for emergency electroconvulsive therapy order

- (1) The chief psychiatrist and a doctor may jointly apply for an order (an *emergency electroconvulsive therapy order*) for the emergency administration of electroconvulsive therapy to a person if the chief psychiatrist and doctor believe on reasonable grounds that—
 - (a) the person is at least 16 years old; and
 - (b) the person has a mental illness; and
 - (c) the administration of the electroconvulsive therapy is necessary to save the person's life.
- (2) The application must be accompanied by—
 - (a) if a psychiatric treatment order is in force in relation to the person—an application for an electroconvulsive therapy order in relation to the person; or

- (b) an application for both a psychiatric treatment order and an electroconvulsive therapy order in relation to the person.

Note 1 The ACAT must give a copy of the application and accompanying documents to the following people as soon as practicable (and not longer than 24 hours) after the application is lodged:

- the public advocate
- if the person is a child—the CYP director-general (see s 79).

Note 2 Certain people are entitled to appear and give evidence, and be represented, at the proceeding including the following:

- the person who is the subject of the proceeding
- the public advocate
- the discrimination commissioner.

Other people are also entitled to appear (see s 80).

55N Criteria for making emergency electroconvulsive therapy order

- (1) The ACAT may make an emergency electroconvulsive therapy order in relation to a person if satisfied that—
- (a) the person is at least 16 years old; and
 - (b) the person has a mental illness; and
 - (c) the person is, because of the mental illness, incapable of weighing the considerations involved in deciding whether or not to consent to the administration of electroconvulsive therapy; and
 - (d) the administration of electroconvulsive therapy is necessary to save the person's life; and
 - (e) either—
 - (i) all other reasonable forms of treatment available have been tried but have not been successful; or
 - (ii) the treatment is the most appropriate treatment reasonably available.

- (2) In making an emergency electroconvulsive therapy order in relation to a person, the ACAT must take into account the following:
 - (a) the views and wishes of the person, so far as they can be found out;
 - (b) the views and wishes of the people responsible for the day-to-day care of the person, so far as those views and wishes are made known to the ACAT;
 - (c) the views of the people appearing at the proceeding.
- (3) To remove any doubt, section 85 (Notice of hearing) does not apply to the making of an emergency electroconvulsive therapy order in relation to a person.

55O Content of an emergency electroconvulsive therapy order

An emergency electroconvulsive therapy order made in relation to a person must state that—

- (a) electroconvulsive therapy may be administered to the person on a stated number of occasions (not more than 3); and
- (b) the order expires a stated number of days (not more than 7) after it is made.

Note The ACAT must give a copy of the order to certain people within 24 hours (see s 87).

55P Conflict between orders

If an emergency electroconvulsive therapy order is in force in relation to a person and the ACAT makes another order in relation to the person, the emergency electroconvulsive therapy order ceases to be in force.

Subdivision 7.2.5 Only doctor or authorised person to administer electroconvulsive therapy

56 Offence—electroconvulsive therapy without doctor’s consent

A person commits an offence if—

- (a) the person administers electroconvulsive therapy to someone else; and
- (b) the person is not a doctor; and
- (c) the person is not authorised by a doctor to administer the electroconvulsive therapy.

Maximum penalty: 100 penalty units, imprisonment for 1 year or both.

Subdivision 7.2.6 Records of electroconvulsive therapy

57 Doctor must record electroconvulsive therapy

- (1) A doctor commits an offence if the doctor—
 - (a) administers electroconvulsive therapy to a person; and
 - (b) does not make a record of the administration, including whether the administration was in accordance with an order of the ACAT or was voluntary.

Maximum penalty: 20 penalty units.

- (2) A doctor commits an offence if the doctor—
 - (a) authorises the administration of electroconvulsive therapy to a person; and

(b) does not make a record of the authorisation, including whether the administration is to be in accordance with an order of the ACAT or is voluntary.

Maximum penalty: 20 penalty units.

(3) A doctor commits an offence if the doctor does not give a record of electroconvulsive therapy mentioned in subsection (1) or (2) to a person in charge of the psychiatric institution where the therapy is, or is to be, administered.

Maximum penalty: 20 penalty units.

58 Electroconvulsive therapy records to be kept for 5 years

A person in charge of a psychiatric institution commits an offence if the person does not keep a record of electroconvulsive therapy given under section 57 (3) for at least 5 years after the day the record is given.

Maximum penalty: 20 penalty units.

Division 7.3 Psychiatric surgery

59 Performance on persons subject to orders of ACAT

Psychiatric surgery may be performed on a person under this part despite any order of the ACAT in force in relation to the person.

60 Approval and consent required

A doctor shall not knowingly perform psychiatric surgery on a person—

(a) except in accordance with the approval of the chief psychiatrist; or

- (b) after he or she is informed under section 66 that the person refuses to have the surgery performed.

Maximum penalty: 100 penalty units, imprisonment for 1 year or both.

61 Application for approval

An application for the approval of the chief psychiatrist for the performance of psychiatric surgery—

- (a) shall be made in writing by the doctor proposing to perform the surgery; and
- (b) shall be delivered to the chief psychiatrist together with—
 - (i) a copy of the informed consent of the person on whom it is proposed the surgery will be performed; or
 - (ii) a copy of an order of the Supreme Court under section 65.

62 Application to be considered by committee

- (1) The chief psychiatrist shall, as soon as practicable after receiving an application in accordance with section 61, submit the application to a committee appointed under section 67 by delivering a copy of the application to the chairperson of the committee.
- (2) A committee—
 - (a) shall consider an application submitted to it; and
 - (b) in a report to the chief psychiatrist—
 - (i) shall recommend whether or not the chief psychiatrist should approve the performance of the psychiatric surgery; and
 - (ii) if the committee recommends that the chief psychiatrist should approve the performance of the surgery—shall

recommend the conditions (if any) to which the approval should be subject.

- (3) A committee shall not recommend that the chief psychiatrist should approve the performance of psychiatric surgery unless—
- (a) the committee is satisfied—
 - (i) that there are reasonable grounds for believing that the performance of the surgery will result in substantial benefit to the person on whom it is proposed to be performed; and
 - (ii) that all alternative forms of treatment reasonably available have failed, or are likely to fail, to benefit the person; and
 - (b) the recommendation is supported by the psychiatrist and the neurosurgeon on the committee.

63 Chief psychiatrist may require further information

- (1) The chief psychiatrist shall, at the request of a committee and by notice in writing delivered to the doctor, require the doctor who made the application under section 61 to produce to the chief psychiatrist the documents or other information specified in the notice.
- (2) Where a requirement is imposed under subsection (1), the committee is not required to give further consideration to the application until the documents and other information specified in the notice are produced to the chief psychiatrist.
- (3) The chief psychiatrist shall deliver any documents and other information produced in compliance with a requirement under subsection (1) to the chairperson of the committee.
- (4) Nothing in this section authorises the chief psychiatrist to require the production of documents or other information, other than documents or information relevant to the application being considered by the committee.

64 Chief psychiatrist to act on committee's recommendation

The chief psychiatrist shall deal with an application under section 61 in accordance with the committee's recommendations.

65 Consent of Supreme Court

Where the Supreme Court is, on application by a doctor, satisfied that—

- (a) the person in relation to whom the application is made has a mental illness; and
- (b) the person has not given informed consent to the performance of psychiatric surgery and has not refused, either orally or in writing, to consent to such surgery; and
- (c) there are grounds for believing that the performance of such surgery is likely to result in substantial benefit to the person; and
- (d) all alternative forms of treatment reasonably available have failed, or are likely to fail, to benefit the person;

the court may, by order, consent to the performance of psychiatric surgery on the person.

66 Refusal of surgery

- (1) A person—
 - (a) who has given informed consent to the performance of psychiatric surgery; or
 - (b) in respect of whom the Supreme Court has made an order consenting to the performance of such surgery under section 65;

may, before the psychiatric surgery is performed, inform the chief psychiatrist or any other person, either orally or in writing, that he or she refuses to have the surgery performed.

- (2) A person (other than the chief psychiatrist) who is informed that another person refuses to have psychiatric surgery performed on himself or herself shall inform the chief psychiatrist of the refusal.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

- (3) Where the chief psychiatrist—
- (a) has approved the performance of psychiatric surgery on a person under section 64; and
 - (b) is informed under subsection (1) or (2), other than by the doctor who is to perform the surgery, that the person refuses to have the surgery performed;

the chief psychiatrist shall inform the doctor of the refusal.

- (4) Where the chief psychiatrist is informed under subsection (1) or (2) that a person refuses to have psychiatric surgery performed—
- (a) any informed consent to the performance of the surgery given by the person, or any order made by the Supreme Court under section 65 in respect of the person, ceases to have effect; and
 - (b) if, immediately before the date of the refusal, an application for the approval of the performance of the surgery has been made but has not been determined—the application is to be taken to have been withdrawn on that date; and
 - (c) any approval given by the chief psychiatrist for the performance of the surgery ceases to have effect.

67 Committees

- (1) For the purposes of section 62, the Minister shall appoint a committee consisting of—
- (a) a psychiatrist; and
 - (b) a neurosurgeon; and

- (c) a legal practitioner; and
- (d) a clinical psychologist; and
- (e) a social worker.

Note 1 For the making of appointments (including acting appointments), see the Legislation Act, pt 19.3.

Note 2 In particular, a person may be appointed for a particular provision of a law (see Legislation Act, s 7 (3)) and an appointment may be made by naming a person or nominating the occupant of a position (see Legislation Act, s 207).

Note 3 Certain Ministerial appointments require consultation with an Assembly committee and are disallowable (see Legislation Act, div 19.3.3).

- (2) The Minister shall appoint a member of a committee to be the chairperson of the committee.
- (3) A member of a committee shall be paid such remuneration and allowances (if any) as are prescribed.
- (4) The chairperson of a committee shall convene meetings of the committee.
- (5) Subject to section 62 (3) (b), a question arising at a meeting of a committee shall be decided in accordance with the opinion of a majority of members of the committee.

Part 8 Referrals by courts under Crimes Act and C&YP Act

68 Review of certain people found unfit to plead

- (1) This section applies if—
 - (a) the Supreme Court or the Magistrates Court makes a decision under the Crimes Act, section 315A (3) or section 315D (7) that a person is unfit to plead to a charge; and
 - (b) the charge is for an offence punishable by imprisonment for 5 years or longer; and
 - (c) an order is made in relation to the charge under any of the following provisions of the Crimes Act:
 - section 318 (2) (Non-acquittal at special hearing—non-serious offence);
 - section 319 (2) or (3) (Non-acquittal at special hearing—serious offence);
 - section 335 (2), (3) or (4) (Fitness to plead—Magistrates Court).
- (2) The ACAT may (on application or on its own initiative) review the person's fitness to plead at any time.
- (3) However, the ACAT must review the person's fitness to plead—
 - (a) as soon as practicable (but within 3 months) after the end of 12 months after the day the order is made; and
 - (b) at least once every 12 months after each review.
- (4) Subsection (3) does not apply if—
 - (a) the person has already been found fit to plead; or

- (b) the director of public prosecutions has told the ACAT, in writing, of the director's intention not to take further proceedings against the person in relation to the offence.
- (5) On a review, the ACAT must decide on the balance of probabilities whether the person is unfit to plead.
- (6) The ACAT must decide that the person is unfit to plead if satisfied that the person's mental processes are disordered or impaired to the extent that the person cannot—
 - (a) understand the nature of the charge; or
 - (b) enter a plea to the charge and exercise the right to challenge jurors or the jury; or
 - (c) understand that the proceeding is an inquiry about whether the person committed the offence; or
 - (d) follow the course of the proceeding; or
 - (e) understand the substantial effect of any evidence that may be given in support of the prosecution; or
 - (f) give instructions to the person's lawyer.
- (7) The person is not unfit to plead only because the person is suffering from memory loss.
- (8) To remove any doubt, this section applies even if the person is no longer in custody or under a mental health order.

Note A person who is the subject of a proceeding may be subpoenaed to appear at the proceeding (see *ACT Civil and Administrative Tribunal Act 2008*, s 41).

70 Recommendations about people with mental impairment

- (1) This section applies if—
 - (a) the Supreme Court makes an order under the Crimes Act, division 13.3 requiring a person to submit to the jurisdiction of

the ACAT to enable the ACAT to make recommendations to the court about how the person should be dealt with; or

- (b) a court makes an order under the Crimes Act, division 13.5 (Referral of mentally impaired people to ACAT after conviction) or division 13.6 (Summary proceedings against mentally impaired people), requiring a person to submit to the jurisdiction of the ACAT to enable the ACAT—
 - (i) to determine whether the person has a mental impairment; and
 - (ii) if the ACAT determines that the person has a mental impairment—to make recommendations to the court about how the person should be dealt with.
- (2) After an inquiry, and as the ACAT thinks appropriate in relation to the person—
 - (a) the ACAT must determine on the balance of probabilities, whether or not the person has a mental impairment; and
 - (b) if the ACAT determines that the person has a mental impairment, the ACAT must make recommendations to the court about how the person should be dealt with.

70A Recommendations about people with mental illness or mental dysfunction

- (1) This section applies if the Childrens Court makes a care and protection order, interim care and protection order with a mental health ACAT provision or interim therapeutic protection order, under the *Children and Young People Act 2008* requiring a person to submit to the jurisdiction of the ACAT to enable the ACAT—
 - (a) to determine whether the person has a mental illness or mental dysfunction; and

- (b) if the ACAT determines that the person has a mental illness or mental dysfunction—to make recommendations to the court about how the person should be dealt with.
- (2) After an inquiry, and as the ACAT thinks appropriate in relation to the person—
- (a) the ACAT must determine on the balance of probabilities, whether or not the person has a mental illness or mental dysfunction; and
 - (b) if the ACAT determines that the person has a mental illness or mental dysfunction, the ACAT must make recommendations to the court about how the person should be dealt with.

71 Service of decisions etc

The ACAT must serve a copy of a decision, determination or recommendation made under section 68, section 70 or section 70A on—

- (a) the person about whom the decision, determination or recommendation is made; and
- (b) the representative of that person (if any); and
- (c) the public advocate; and
- (d) the director of public prosecutions; and
- (e) if the person about whom the decision, determination or recommendation is made is a child—the CYP director-general.

72 Periodic review of orders for detention

- (1) In this section:

order for detention means—

- (b) an order of a court under the Crimes Act, part 13 requiring a person to be detained in custody until the ACAT orders otherwise; or
- (c) an order of the ACAT requiring a person to be detained in custody under section 74.

- (2) Where a person has been in custody under an order for detention—

- (a) for a period of 6 months; or
- (b) for a further period of 6 months following the last review of the order under this section;

the ACAT shall, as soon as practicable, review the order for detention and may order the release of the person.

- (3) In considering whether or not to order the release of a person, the ACAT shall have regard to the following:

- (a) the nature and extent of the person's mental dysfunction or mental illness, including the effect it is likely to have on the person's behaviour in the future;
- (b) whether or not, if released—
 - (i) the person's health or safety would be, or would be likely to be, substantially impaired; or
 - (ii) the person would be likely to do serious harm to others;
- (c) the best estimate of the sentence of imprisonment nominated by the relevant court under the Crimes Act, part 13 as the sentence it would have imposed had the person been found guilty of the relevant offence.

- (4) An order for the release of a person may be made subject to such conditions (if any) as the ACAT thinks appropriate, including a requirement to comply with specified mental health orders.
- (5) If, on a review, the ACAT does not order the release of a person, the ACAT may—
 - (a) make mental health orders (including additional orders) in respect of the person; or
 - (b) vary or revoke any of the mental health orders in force in respect of the person.

73 Review of conditions of release

The ACAT may, on application or on its own motion, review the conditions in force in respect of a person released from detention under section 72 (4) and may—

- (a) vary or revoke any of those conditions, including any requirement to comply with specified mental health orders; or
- (b) impose such other conditions as the ACAT thinks appropriate, including a requirement to comply with specified mental health orders.

74 Breach of conditions of release

If a person released from detention breaches a condition in force in respect of the person under section 72 (4), the ACAT may order the person to be detained in custody until the ACAT orders otherwise.

75 Limit on detention

- (1) Nothing in section 72 or 74 permits the ACAT to require a person to remain in custody for a period that is, or for periods that in the aggregate are, greater than the limiting period.

(2) In subsection (1):

limiting period, in relation to a person, means a period that is equivalent to the period—

- (a) commencing on the day on which an order of the relevant court under the Crimes Act, part 13 is made requiring the person to be detained in custody until the ACAT orders otherwise; and
- (b) ending on the day on which, if the person had been sentenced to a term of imprisonment for a period equivalent to the term nominated under that Act, section 301, section 302, section 304 or section 305 (as the case may be) that sentence would have expired.

Part 9 Procedural matters—ACAT

76 Meaning of *subject person*—pt 9

In this part:

subject person—see section 80.

77 When ACAT may be constituted by presidential member

- (1) This section applies to an application for—
 - (a) an order for an assessment under section 16; or
 - (b) an order for a person’s removal under section 22; or
 - (c) an order for a person’s detention under section 41 (2); or
 - (d) an order for a person’s release under section 46.
- (2) The ACAT for a proceeding on an application may be made up by a presidential member alone, but not a non-presidential member alone.

Note The general president of the ACAT is responsible for allocating members to the ACAT for an application (see *ACT Civil and Administrative Tribunal Act 2008*, s 89).

78 When ACAT must be constituted by more members

- (1) This section applies to an application for—
 - (a) a mental health order; or
 - (b) the review of a mental health order under section 36L; or
 - (c) an electroconvulsive therapy order under section 55G; or
 - (d) an emergency electroconvulsive therapy order under section 55N; or
 - (e) the review of a person’s fitness to plead under section 68; or

- (f) a recommendation under section 70 or section 70A about a person who has a mental impairment, mental illness or mental dysfunction; or
- (g) the review of an order for detention under section 72; or
- (h) the review of a condition in force in relation to a person released from detention under section 73.

Note For par (a), a **mental health order** is a psychiatric treatment order, a community care or a restriction order.

- (2) For a proceeding on the application, the ACAT must include—
 - (a) a presidential member; and
 - (b) a non-presidential member with a relevant interest, experience or qualification.

Note The general president of the ACAT is responsible for allocating members to the ACAT for an application (see *ACT Civil and Administrative Tribunal Act 2008*, s 89).

79 Applications

- (1) This section applies to an application to the ACAT under this Act.

Note Making applications to the ACAT is dealt with under the *ACT Civil and Administrative Tribunal Act 2008*, s 10.

- (2) The ACAT must, as soon as practicable and not longer than 24 hours after the application is lodged, give a copy of the application to—
 - (a) the public advocate; and
 - (b) if the subject person is a child—the CYP director-general.

80 Appearance

- (1) The following people may appear and give evidence at the hearing of a proceeding:
 - (a) the person (the *subject person*) who is the subject of the proceeding;
 - (b) if the subject person is a child—
 - (i) the person's parents; and
 - (ii) the CYP director-general;
 - (c) if the subject person has a guardian—the guardian;
 - (d) the applicant (if any);
 - (e) the public advocate;
 - (f) the chief psychiatrist;
 - (g) the director-general who has control of the administrative unit to which responsibility for the provision of treatment, care and protection for people with a mental dysfunction (other than people with a mental illness) is allocated;
 - (h) the discrimination commissioner.
- (2) Other people may appear and give evidence at the hearing with the leave of the ACAT.
- (3) This section does not prevent a person from making a written submission to the ACAT in relation to a proceeding.

81 Representation of children

- (1) This section applies in relation to a proceeding if—
 - (a) the subject person is a child; and
 - (b) the child is not separately represented; and

- (c) it appears to the ACAT that the child should be separately represented.
- (2) The ACAT may, on its own initiative or on the application of a person (including the child)—
 - (a) adjourn the proceeding to allow the child to obtain representation; and
 - (b) give reasonably necessary advice and assistance to the child to allow the child to obtain representation.

82 Subpoena to appear in person

- (1) This section applies if the ACAT is satisfied that it is necessary for the subject person to be present at the hearing of the proceeding.
- (2) The ACAT may require the person to appear at the hearing by subpoena given under the *ACT Civil and Administrative Tribunal Act 2008*, section 41.
- (3) However, the ACAT must not require the person to appear at the hearing by subpoena if satisfied that the appearance of the subject person before the ACAT is likely to increase substantially—
 - (a) any risk to the subject person’s health or safety; or
 - (b) the risk of serious harm to others.

Note If a person who is subpoenaed does not appear before the ACAT, the ACAT may issue a warrant to arrest the person (see *ACT Civil and Administrative Tribunal Act 2008*, s 42).

83 Person subpoenaed in custody

- (1) This section applies if the subject person—
 - (a) is given a subpoena under the *ACT Civil and Administrative Tribunal Act 2008*, section 41; and
 - (b) is in the custody of another person.

- (2) The ACAT may order the other person ensure that the subject person appears before the ACAT in accordance with the subpoena.

84 Directions to registrar

- (1) After considering an assessment of the subject person for a proceeding, but before holding an inquiry or review, the general president of the ACAT may give to the registrar the directions the general president considers appropriate to—
- (a) define and limit the relevant matters in the proceeding, including—
 - (i) the alternative treatments, programs and other services that are available and may be appropriate for the subject person; and
 - (ii) the evidence that appears to be relevant to the proper disposition of the matter; and
 - (iii) any unusual or urgent factors requiring special attention; and
 - (b) ensure all necessary measures are taken to allow the inquiry or review to proceed as quickly as possible, including ensuring that—
 - (i) all relevant particulars have been provided; and
 - (ii) people who may be entitled to appear and give evidence in the proceeding have been notified, the people's availability confirmed and any related matters requiring special attention have been dealt with; and
 - (iii) people who may wish to apply for leave to appear and give evidence in the proceeding have been notified; and
 - (iv) people not entitled to appear in the proceeding but who may be interested in making written submissions about the matter have been given an opportunity to do so; and

- (v) issues (if any) that may be decided before the inquiry or review have been identified.
- (2) However, the general president of the ACAT must not give a direction under subsection (1) in a proceeding in relation to—
- (a) the treatment, care, control, rehabilitation and protection of a person found unfit to plead; or
 - (b) the treatment, care, control, rehabilitation and protection of a person found not guilty of a criminal offence because of mental impairment; or
 - (c) a request by a court to provide advice in relation to the sentencing of a person before the court.

85 Notice of hearing

At least 3 days before the ACAT holds a hearing in relation to a matter under this Act, the ACAT must give written notice of the hearing to the following people:

- (a) if the subject person is not required to appear by a subpoena under the *ACT Civil and Administrative Tribunal Act 2008*, section 41 for a reason other than because section 82 (3) (Subpoena to appear in person) applies in relation to the person—the subject person;
- (b) the representative of the subject person (if any);
- (c) if the subject person is a child—
 - (i) the subject person's parents; and
 - (ii) the CYP director-general;
- (d) if the subject person has a guardian—the guardian;
- (e) the applicant (if any);
- (f) the public advocate;

- (g) the chief psychiatrist;
- (h) the care coordinator;
- (i) the director-general who has control of the administrative unit to which responsibility for providing treatment, care and protection for people with a mental dysfunction (other than people with a mental illness) is allocated;
- (j) anyone else the ACAT considers appropriate.

86 Hearings to be in private

- (1) A hearing of a proceeding in relation to a subject person must be held in private.
- (2) However, if the subject person is not a child, the hearing may be held in public if—
 - (a) the subject person asks for the hearing be held in public; or
 - (b) the ACAT otherwise orders.
- (3) If a hearing is to be held in private, the hearing is taken to be a hearing to which the *ACT Civil and Administrative Tribunal Act 2008*, section 39 (Hearings in private or partly in private) applies.

Note Requirements for keeping private hearings secret are set out in the *ACT Civil and Administrative Tribunal Act 2008*, s 40.

87 Who is given a copy of the order?

- (1) The ACAT must give a copy of an ACAT order to the following people:
 - (a) the subject person;
 - (b) if the subject person has a representative—the representative;
 - (c) if the subject person is a child—the child’s parents;
 - (d) if the subject person has a guardian—the guardian;

- (e) if the subject person has made a power of attorney under the *Powers of Attorney Act 2006*—the attorney under the power of attorney;
 - (f) the public advocate;
 - (g) if the person was referred to the ACAT under section 13—the referring officer;
 - (h) if the person was ordered to submit to the jurisdiction of the ACAT by a court—the court;
 - (i) if the order requires the person to be admitted to a facility or institution—the person in charge of the facility or institution;
 - (j) anyone else ordered by the ACAT.
- (2) The ACAT must also give a copy of the following orders of the ACAT to the chief psychiatrist:
- (a) a psychiatric treatment order;
 - (b) a restriction order in relation to a person subject to a psychiatric treatment order;
 - (c) an electroconvulsive therapy order;
 - (d) an emergency electroconvulsive therapy order.
- (3) The ACAT must also give a copy of the following orders of the ACAT to the care coordinator:
- (a) a community care order;
 - (b) a restriction order in relation to a person subject to a community care order.
- (4) The ACAT must give a copy of an emergency electroconvulsive therapy order to the people mentioned in subsection (1) and (2) in relation to the order within 24 hours after the order is made.

Note For how documents may be served, see the Legislation Act, pt 19.5.

Part 10 Chief psychiatrist and mental health officers

112 Chief psychiatrist

- (1) The Minister must appoint a public servant as Chief Psychiatrist.

Note 1 For the making of appointments (including acting appointments), see Legislation Act, pt 19.3.

Note 2 In particular, a person may be appointed for a particular provision of a law (see Legislation Act, s 7 (3)) and an appointment may be made by naming a person or nominating the occupant of a position (see s 207).

- (2) A person is not eligible for appointment as the chief psychiatrist unless the person is a psychiatrist.

113 Functions

The chief psychiatrist has the following functions:

- (a) to provide treatment, care, rehabilitation and protection for persons who have a mental illness;
- (b) to make reports and recommendations to the Minister with respect to matters affecting the provision of treatment, care, control, accommodation, maintenance and protection for persons who have a mental illness.

116 Termination of appointment

- (1) The Minister may terminate the appointment of the chief psychiatrist for misbehaviour or physical or mental incapacity.
- (2) The Minister shall terminate the appointment of the chief psychiatrist if the chief psychiatrist ceases to be eligible to hold the office of chief psychiatrist.

118 Delegation by chief psychiatrist

The chief psychiatrist may delegate the chief psychiatrist's functions under this Act to a psychiatrist who is a public employee or is engaged by the Territory.

Note For the making of delegations and the exercise of delegated functions, see Legislation Act, pt 19.4.

U 119 Mental health officers

- (1) The Minister may appoint a person as a mental health officer.

Note 1 For the making of appointments (including acting appointments), see Legislation Act, pt 19.3.

Note 2 In particular, a person may be appointed for a particular provision of a law (see Legislation Act, s 7 (3)) and an appointment may be made by naming a person or nominating the occupant of a position (see s 207).

Note 3 Certain Ministerial appointments require consultation with an Assembly committee and are disallowable (see Legislation Act, div 19.3.3).

- (2) A person is not eligible for appointment as a mental health officer unless the person is a nurse, authorised nurse practitioner, psychologist, occupational therapist or social worker.

- (3) In this section:

authorised nurse practitioner means a nurse practitioner who is the occupant of a nurse practitioner position acting within the scope of practice for the position.

nurse practitioner position—see the *Health Act 1993*, section 195 (2).

scope of practice—see the *Health Act 1993*, section 195 (2).

119A Functions of mental health officers

The functions of a mental health officer for this Act are the functions that the chief psychiatrist directs.

Note **Function** includes authority, duty and power (see Legislation Act, dict, pt 1).

119B Identity cards for mental health officers

- (1) The director-general must give a mental health officer an identity card that states the person is a mental health officer for this Act and shows—
 - (a) the name of the person; and
 - (b) a recent photograph of the person.
- (2) A person commits an offence if—
 - (a) the person was appointed as a mental health officer; and
 - (b) the person ceases to be a mental health officer; and
 - (c) the person does not return the person's identity card to the director-general as soon as practicable (but within 7 days) after the day the person ceases to be a mental health officer.

Maximum penalty: 1 penalty unit.

- (3) An offence against subsection (2) is a strict liability offence.

120 Chief psychiatrist's annual report

A report prepared by the chief psychiatrist under the *Annual Reports (Government Agencies) Act 2004* for a financial year must include—

- (a) statistics in relation to people who have a mental illness during the year; and

- (b) details of any arrangements with New South Wales during the year in relation to people who have a mental illness.

Note **Financial year** has an extended meaning in the *Annual Reports (Government Agencies) Act 2004*.

Part 10A Care coordinator

120A Care coordinator

- (1) The Minister must appoint a public servant as care coordinator.

Note 1 For the making of appointments (including acting appointments), see Legislation Act, pt 19.3.

Note 2 In particular, a person may be appointed for a particular provision of a law (see Legislation Act, s 7 (3)) and an appointment may be made by naming a person or nominating the occupant of a position (see s 207).

- (2) The Minister may only appoint a person as care coordinator if satisfied that the person has the training, experience and personal qualities necessary to exercise the care coordinator's functions.
- (3) An appointment is a notifiable instrument.

Note A notifiable instrument must be notified under the Legislation Act.

120B Functions

The care coordinator has the following functions:

- (a) to coordinate the provision of treatment, care and support to mentally dysfunctional people in accordance with community care orders made by the ACAT;
- (b) to coordinate the provision of appropriately trained people for the treatment, care and support of mentally dysfunctional people who are subject to community care orders;
- (c) to coordinate the provision of appropriate residential or detention facilities for mentally dysfunctional people who are subject to community care orders and to restriction orders mentioned in section 36C (a);

- (d) to coordinate the provision of medication and anything else required to be done for mentally dysfunctional people in accordance with community care orders and restriction orders made by the ACAT;
- (e) to make reports and recommendations to the Minister about matters affecting the provision of treatment, care, control, accommodation, maintenance and protection for mentally dysfunctional people.

120C Termination of appointment

- (1) The Minister may terminate the appointment of the care coordinator for misbehaviour or physical or mental incapacity.
- (2) The Minister must terminate the appointment of the care coordinator if the care coordinator ceases to be eligible to be appointed as the care coordinator.

120D Delegation by care coordinator

- (1) The care coordinator may delegate the care coordinator's functions under this Act to anyone else.

Note For the making of delegations and the exercise of delegated functions, see Legislation Act, pt 19.4.

- (2) However, the care coordinator may only delegate a function to a person if the care coordinator is satisfied that the person has the training, experience and personal qualities necessary to exercise the function.

120E Care coordinator's annual report

A report prepared by the care coordinator under the *Annual Reports (Government Agencies) Act 2004* for a financial year must include statistics in relation to people who have a mental dysfunction during the year.

Note **Financial year** has an extended meaning in the *Annual Reports (Government Agencies) Act 2004*.

Part 11 Official visitors

121 Appointment etc

- (1) For this Act, the Minister may appoint 1 or more official visitors for an approved mental health facility.

Note 1 For the making of appointments (including acting appointments), see the Legislation Act, pt 19.3.

Note 2 In particular, a person may be appointed for a particular provision of a law (see Legislation Act, s 7 (3)) and an appointment may be made by naming a person or nominating the occupant of a position (see Legislation Act, s 207).

Note 3 Certain Ministerial appointments require consultation with an Assembly committee and are disallowable (see Legislation Act, div 19.3.3).

- (2) A person is eligible for appointment as an official visitor if the person—
- (a) is a legal practitioner who has not less than 5 years practising experience; or
 - (b) is a medical practitioner; or
 - (c) has been nominated by a body representing consumers of mental health services; or
 - (d) has experience and skill in the care of persons with a mental dysfunction or mental illness.
- (3) A person shall not be appointed an official visitor if the person—
- (a) is a public servant; or
 - (b) has a direct interest in a contract with an approved mental health facility or a mental health care provider; or
 - (c) has a financial interest in a private hospital.

- (4) A person shall not be appointed as an official visitor unless the Minister is satisfied that the person has appropriate qualifications and experience to exercise the functions of an official visitor.
- (5) The Minister may terminate the appointment of an official visitor—
 - (a) for misbehaviour; or
 - (b) for physical or mental incapacity; or
 - (c) who is convicted, in Australia or elsewhere, of an offence punishable on conviction by imprisonment for 1 year or longer; or
 - (d) if the person ceases to be a person who is eligible for appointment.

122 Official visitor—functions

- (1) An official visitor—
 - (a) shall visit and inspect mental health facilities; and
 - (b) shall inquire into—
 - (i) the adequacy of services for the assessment and treatment of persons with mental dysfunction or a mental illness; and
 - (ii) the appropriateness and standard of facilities for the recreation, occupation, education, training and rehabilitation of persons receiving treatment or care for mental dysfunction or a mental illness; and
 - (iii) the extent to which people receiving treatment or care for mental dysfunction or a mental illness are being provided the best possible treatment or care appropriate to their needs in the least possible restrictive environment and least possible intrusive manner consistent with the effective giving of that treatment or care; and

- (iv) any contravention of this Act; and
 - (v) any other matter that an official visitor considers appropriate having regard to the objectives in sections 7 and 8; and
 - (vi) any complaint made to an official visitor by a person receiving treatment or care for mental dysfunction or a mental illness; and
- (c) has such other functions as are conferred on the official visitor by this or another Act.
- (2) An official visitor—
- (a) may, with or without prior notice given to a responsible person for a mental health facility (within the meaning of part 6), visit the mental health facility at such times and for such periods as the visitor thinks fit; and
 - (b) shall visit a mental health facility at least once every 3 months.
- (3) The Minister may, in writing, direct an official visitor to visit a mental health facility at such times as the Minister directs.

122A Official visitor—powers etc

- (1) An official visitor may, when visiting a mental health facility—
- (a) inspect any part of the facility; and
 - (b) see any person who is receiving treatment or care for mental dysfunction or a mental illness unless the person has asked not to be seen; and
 - (c) make inquiries relating to the admission, detention, care, treatment and control of persons receiving treatment or care for mental dysfunction or a mental illness; and

(d) inspect—

- (i) any document or medical record relating to any person receiving treatment or care for mental dysfunction or a mental illness if he or she has the consent in writing of the person receiving the treatment or care; and
- (ii) any records required to be kept under this Act.

- (2) If an official visitor to a mental health facility wishes to exercise, or is exercising, a function or power under this Act, the person in charge of the facility shall provide, or shall ensure that there is provided, to the official visitor such reasonable assistance as the official visitor requires to exercise the function or power effectively.
- (3) A person in charge of a mental health facility shall not, without reasonable excuse—
 - (a) refuse or neglect to render assistance when required under subsection (2); or
 - (b) fail to answer any question when asked by an official visitor in the exercise of his or her powers under this Act.

Maximum penalty: 50 penalty units.

- (4) A person in charge of a mental health facility shall not, without reasonable excuse, obstruct or hinder an official visitor in the exercise of his or her powers under this Act.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

- (5) A person in charge of a mental health facility shall keep a record of each visit by an official visitor to the facility.

Maximum penalty: 5 penalty units.

Note If a form is approved under s 146A (Approved forms) for a record, the form must be used.

122B Reports by official visitors

- (1) An official visitor may, of his or her own motion make a report to the Minister relating to the exercise of his or her powers under this Act.
- (2) An official visitor shall, when requested to do so by the Minister, report in writing to the Minister in accordance with that request.
- (3) If an official visitor visits a mental health facility under section 122, the visitor must report, in writing, to the Minister and public advocate in relation to the exercise of the visitor's functions under section 122 or section 122A.
- (4) If, in a report, an official visitor is critical of the services provided by a mental health facility, the official visitor shall advise the person in charge of the facility in writing, within 7 days of making that report.
- (5) A person in charge of a mental health facility shall, within 21 days after receipt of a report of the kind referred to in subsection (4), give to the official visitor and the public advocate a written response to the report, including any action taken, or to be taken, in response to any criticism contained in the report.
- (6) A person may at any reasonable time inspect a copy of a report under this section.
- (7) A person may, on payment of the reasonable copying costs, obtain a copy of a report under this section.

Part 12 Private psychiatric institutions

Division 12.1 Interpretation

123 Definitions for pt 12

In this part:

inspector means an inspector appointed under section 132.

licence means a licence issued under this part.

licensed premises means the premises at which a psychiatric institution is, or is proposed to be, conducted and in respect of which a licence is issued.

licensee means a person to whom a licence is issued under this part.

psychiatric institution means a hospital or other institution providing treatment, care, rehabilitation or accommodation for persons who have a mental illness other than—

- (a) a recognised hospital within the meaning of the *Health Insurance Act 1973* (Cwlth); or
- (b) an institution conducted by the Territory.

Division 12.2 Licences

124 Owner or manager to be licensed

A person shall not conduct a psychiatric institution on his or her own behalf, or on behalf of another person, without a licence.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

125 Issue of licence

- (1) The Minister may, on application, issue a licence to a person in respect of the premises specified in the licence.

- (2) An application shall be in writing and shall be lodged with the Minister.

Note A fee may be determined under s 146 (Determination of fees) for this section.

- (3) The Minister shall not issue a licence unless satisfied that the applicant is a fit and proper person to hold a licence and that—

- (a) the structural and sanitary condition and the location of the premises in respect of which the application is made are satisfactory, having regard to the interests of the persons who will receive treatment or reside at the premises; and
- (b) the facilities in case of fire or flood at those premises are adequate; and
- (c) the cooking and ablution facilities at those premises are adequate; and
- (d) the accommodation provided for patients, residents and members of staff at those premises are adequate.

- (4) A licence shall be issued subject to conditions as to—

- (a) the maximum number of persons for whom treatment, care, rehabilitation or accommodation may be provided at the licensed premises; and
- (b) the classes of persons for whom treatment, care, rehabilitation or accommodation may be provided at the licensed premises.

- (5) A licence may be issued subject to such other conditions (if any) as the Minister thinks necessary, including but not limited to conditions as to any of the following:

- (a) the minimum number of staff to be employed at the licensed premises;
- (b) the qualifications of the staff;
- (c) the treatment that may be provided at the licensed premises;

- (d) the measures to be taken to ensure the health and safety of patients, residents and members of staff on the licensed premises;
- (e) the insurance to be carried by the licensee against any liability arising from the conduct of a psychiatric institution on the licensed premises;
- (f) the recreational and educational facilities to be provided at the licensed premises for patients and residents;
- (g) the management of the licensed premises.

126 Term and renewal of licence

- (1) A licence remains in force for the period of 12 months commencing on the day on which the licence is issued and may be renewed in accordance with this section.
- (2) A licensee may, at any time before the expiration of the period referred to in subsection (1) or the last period of renewal, as the case may be, apply to the Minister for a renewal of the licence.
- (3) An application shall be in writing and shall be lodged with the Minister.

Note A fee may be determined under s 146 (Determination of fees) for this section.

- (4) If the Minister is satisfied of the matters referred to in section 125 (3), the Minister shall renew the licence for a further period of 12 months commencing on the expiration of the period referred to in subsection (1) or the last period of renewal, as the case requires.

127 Variation and revocation of conditions

- (1) On application in writing by the licensee and if satisfied that it is in the best interests of the patients and residents at the licensed premises, the Minister may—
 - (a) vary a condition imposed under section 125 (4) or (5) in the manner specified in the application; or
 - (b) revoke a condition imposed under section 125 (5); or
 - (c) impose a condition specified in the application.
- (2) If satisfied that it is in the best interests of the patients and residents at the licensed premises—
 - (a) to vary a condition imposed under section 125 (4) or (5); or
 - (b) to revoke a condition imposed under section 125 (5); or
 - (c) to impose a condition;

the Minister may, by notice in writing served on the licensee, require the licensee, within 28 days after the date of the notice, to show cause why that condition should not be varied in the manner specified in the notice or should not be revoked or imposed.
- (3) The Minister may, after the expiration of 28 days after the date of the notice, vary in the manner specified in the notice, or revoke or impose, the condition specified in the notice.
- (4) A decision of the Minister under subsection (1) or (3) takes effect on the day after the day on which the notice under section 137 (1) is given to the licensee or on such later day as may be specified in that notice.

128 Surrender of licence

- (1) A licensee may surrender the licence by notice in writing signed by the licensee and lodged with the Minister together with the licence.

- (2) A surrender takes effect on the date of the notice or on such later day as may be specified in the notice.

129 Cancellation of licence

- (1) If satisfied that a licensee has failed to comply with a condition of the licence, the Minister may, by notice in writing served on the licensee, require the licensee, within 28 days after the date of the notice, to show cause why the licence should not be cancelled.
- (2) The Minister may, after the expiration of 28 days after the date of the notice, cancel the licence.
- (3) The cancellation of a licence under this section takes effect on the day after the day on which the notice under section 137 (1) is given to the licensee or on such later day as may be specified in that notice.

130 Emergency cancellation

- (1) Despite section 129, if satisfied that circumstances exist in relation to licensed premises that give rise to an immediate risk of harm to the health or safety of patients or residents on the licensed premises, the Minister may, by notice in writing served on the licensee, cancel the licence.
- (2) A notice under subsection (1) shall set out—
 - (a) the terms of the decision; and
 - (b) the findings on material questions of fact, referring to the evidence or other material on which those findings were made; and
 - (c) the reasons for the decision.
- (3) The cancellation of a licence under this section takes effect on the day after the day on which the notice is served on the licensee.

- (4) Where a licence is cancelled under subsection (1), the former licensee may apply for restoration of the licence on the ground that, because of a specified change in the circumstances referred to in subsection (1) that has occurred since the date of cancellation, the licence should be restored.
- (5) The Minister may restore the licence if satisfied that, because of the change specified in the application, it should be restored.

131 Effect of cancellation

Where a licence is cancelled under section 129 or 130, the former licensee shall not—

- (a) admit any person for treatment, care, rehabilitation or accommodation at the premises to which the licence related on or after the day on which the cancellation takes effect; or
- (b) permit treatment, care, rehabilitation or accommodation to be provided on those premises after the expiration of 1 month after that day.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

Division 12.3 Inspectors

132 Appointment of inspectors

- (1) The Minister may appoint a person as an inspector for this part.
- (2) An inspector must exercise functions for this part that the chief psychiatrist directs.

Note 1 For the making of appointments (including acting appointments), see the Legislation Act, pt 19.3.

Note 2 In particular, a person may be appointed for a particular provision of a law (see Legislation Act, s 7 (3)) and an appointment may be made by naming a person or nominating the occupant of a position (see Legislation Act, s 207).

Note 3 Certain Ministerial appointments require consultation with an Assembly committee and are disallowable (see Legislation Act, div 19.3.3).

133 Identity cards

- (1) The Minister shall issue to each inspector an identity card that specifies the name and appointment of the inspector and on which appears a recent photograph of the inspector.
- (2) A person appointed to be an inspector shall not, without reasonable excuse, fail to return his or her identity card to the Minister on ceasing to be an inspector.

Maximum penalty (subsection (2)): 1 penalty unit.

134 Powers of inspection

- (1) An inspector may, at any time of the day, enter any licensed premises and—
 - (a) inspect the premises and any equipment used at the premises in connection with the treatment, care, rehabilitation or accommodation of patients or residents; and
 - (b) inspect any books, documents or other records that are in the possession of the occupier of the premises, or to which the occupier has access, relating to the conduct of the psychiatric institution at those premises; and
 - (c) require the occupier of the premises to furnish the inspector with any information, books, documents or other records that are in the possession of the occupier, or to which the occupier has access, relating to the conduct of the psychiatric institution at those premises.

- (2) An inspector who enters premises under subsection (1) is not authorised to remain on the premises if, when requested to do so by the occupier of the premises, the inspector does not show his or her identity card to the occupier.
- (3) A person is not required to furnish material to an inspector under subsection (1) (c) if, when requested to do so by the person, the inspector does not show his or her identity card to the person.
- (4) Where an inspector enters premises under subsection (1), a reference in this section to the *occupier* of the premises includes a reference to a person the inspector believes on reasonable grounds to be the occupier, or the person in charge, of those premises.

135 Failing to comply with requirement of inspector

A person shall not, without reasonable excuse, fail to comply with a requirement to furnish material under section 134 (1) (c).

Maximum penalty: 50 penalty units.

Division 12.4 Notification and review of decisions

136 Meaning of *reviewable decision*—div 12.4

In this division:

reviewable decision means a decision mentioned in schedule 1, column 3 under a provision of this Act mentioned in column 2 in relation to the decision.

137 Reviewable decision notices

If a person makes a reviewable decision, the person must give a reviewable decision notice to each entity mentioned in schedule 1, column 4 in relation to the decision.

Note 1 The person must also take reasonable steps to give a reviewable decision notice to any other person whose interests are affected by the decision (see *ACT Civil and Administrative Tribunal Act 2008*, s 67A).

Note 2 The requirements for reviewable decision notices are prescribed under the *ACT Civil and Administrative Tribunal Act 2008*.

137A Applications for review

The following may apply to the ACAT for a review of a reviewable decision:

- (a) an entity mentioned in schedule 1, column 4 in relation to the decision;
- (b) any other person whose interests are affected by the decision.

Note If a form is approved under the *ACT Civil and Administrative Tribunal Act 2008* for the application, the form must be used.

Division 12.5 Miscellaneous

138 Unauthorised treatment

A licensee is guilty of an offence if the licensee allows treatment for mental illness to be given to a person at the licensed premises after the licensee receives notice that the person is the subject of an order of the ACAT that does not authorise the giving of that treatment to that person at the psychiatric institution conducted at those premises.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

Part 13 Miscellaneous

140 Legal effect of certain sections

Nothing in section 7 or 8 is to be taken to create any legal rights not in existence before the enactment of that section or to affect any legal rights in existence before that enactment or that would, but for that section, have come into existence after that enactment.

140A Protection of officials from liability

- (1) An official is not civilly liable for conduct engaged in honestly and without recklessness—
 - (a) in the exercise of a function under this Act; or
 - (b) in the reasonable belief that the conduct was in the exercise of a function under this Act.
- (2) Any civil liability that would, apart from this section, attach to the official attaches instead to the Territory.
- (3) In this section:

conduct means an act or omission to do an act.

official means—

- (a) the chief psychiatrist; or
- (b) the care coordinator; or
- (c) a mental health officer; or
- (d) an official visitor; or
- (e) anyone else exercising a function under this Act.

Note A reference to an Act includes a reference to the statutory instruments made or in force under the Act, including any regulation (see Legislation Act, s 104).

141 Appeals from ACAT to Supreme Court

- (1) An appeal to the Supreme Court from a decision of the ACAT in a proceeding may be brought by—
 - (a) someone in relation to whom the decision was made; or
 - (b) someone who appeared, or was entitled to appear under section 80 (1) (Appearance), before the ACAT in the proceeding; or
 - (c) the discrimination commissioner; or
 - (d) anyone else with the court's leave.

Note See the *ACT Civil and Administrative Tribunal Act 2008*, pt 8.

- (2) The *Magistrates Court Act 1930*, section 214 (3) and (4) (Appeals in cases other than civil cases) applies in relation to an appeal under this section as if it were an appeal mentioned in that Act, section 214 (1).
- (3) The *ACT Civil and Administrative Tribunal Act 2008*, section 86 (Appeal to Supreme Court) and section 87 (Sending documents and things to Supreme Court) do not apply to a decision or appeal to which this section applies.

142 Relationship with Guardianship and Management of Property Act

- (1) Despite anything in the *Guardianship and Management of Property Act 1991* or an order appointing a guardian, a guardian appointed for a person under that Act—
 - (a) is not entitled to give consent to treatment for mental illness, electroconvulsive therapy or psychiatric surgery; and
 - (b) if the person is subject to a community care order—is not entitled to decide anything for the person contrary to any determinations or decisions made in relation to the person by

the care coordinator under the community care order (or any related restriction order).

- (2) Despite anything in the *Guardianship and Management of Property Act 1991*, section 70 (ACAT may consent to prescribed medical procedures), the ACAT must not, while exercising its jurisdiction under the Act—
- (a) make an order in relation to any consent to treatment for mental illness, electroconvulsive therapy or psychiatric surgery; and
 - (b) make an order in relation to a person contrary to any community care order (or restriction order) made in relation to the person.

143 Relationship with Powers of Attorney Act

Despite anything in the *Powers of Attorney Act 2006* or an instrument creating a power of attorney, an attorney of a person appointed under a power of attorney under that Act—

- (a) is not entitled to give consent to treatment for mental illness, electroconvulsive therapy or psychiatric surgery; and
- (b) if the person is subject to a community care order—is not entitled to decide anything for the person contrary to any determinations or decisions made in relation to the person by the care coordinator under the community care order (or any related restriction order).

145 Certain rights unaffected

Nothing in this Act prevents a person in relation to whom no ACAT order is in force—

- (a) refusing to receive particular treatment or care at a mental health facility; or
- (b) discharging himself or herself from the facility.

146 Determination of fees

- (1) The Minister may determine fees for this Act.

Note The *Legislation Act 2001* contains provisions about the making of determinations and regulations relating to fees (see pt 6.3).

- (2) A determination is a disallowable instrument.

Note A disallowable instrument must be notified, and presented to the Legislative Assembly, under the *Legislation Act 2001*.

146A Approved forms

- (1) The Minister may approve forms for this Act.

- (2) If the Minister approves a form for a particular purpose, the approved form must be used for that purpose.

Note For other provisions about forms, see the *Legislation Act*, s 255.

- (3) An approved form is a notifiable instrument.

Note A notifiable instrument must be notified under the *Legislation Act 2001*.

147 Regulation-making power

The Executive may make regulations for this Act.

Note Regulations must be notified, and presented to the Legislative Assembly, under the *Legislation Act 2001*.

Schedule 1 Reviewable decisions

(see div 12.4)

column 1 item	column 2 section	column 3 decision	column 4 entity
1	125 (1)	refuse to issue licence	applicant for licence
2	126 (4)	refuse to renew licence	applicant for renewal of licence
3	127 (1) (a)	refuse to vary condition on licence	licensee
4	127 (1) (b)	refuse to revoke condition on licence	licensee
5	127 (1) (c)	refuse to impose condition on licence	licensee
6	127 (3)	vary condition on licence	licensee
7	127 (3)	revoke condition on licence	licensee
8	127 (3)	impose condition on licence	licensee
9	129 (2)	cancel licence	licensee

Schedule 1 Reviewable decisions

column 1 item	column 2 section	column 3 decision	column 4 entity
10	130 (5)	refuse to restore licence	former licensee

Dictionary

(see s 3)

Note 1 The Legislation Act contains definitions and other provisions relevant to this Act.

Note 2 For example, the Legislation Act, dict, pt 1, defines the following terms:

- ACAT
- child
- correctional centre
- corrections officer
- director-general (see s 163)
- director of public prosecutions
- discrimination commissioner
- doctor
- domestic partner (see s 169 (1))
- expire
- lawyer
- Magistrates Court
- nurse
- nurse practitioner
- parent
- police officer
- proceeding
- public advocate
- registrar
- reviewable decision notice
- Supreme Court
- writing.

ACAT mental health provision—see the *Children and Young People Act 2008*, section 491.

agreement, for part 5A (Interstate application of mental health laws)—see section 48B.

applicant means a person who applies to the ACAT, and includes a referring officer who refers an alleged offender to the ACAT under section 13.

application means an application to the ACAT, and includes a referral under section 13.

approved health facility means a health facility approved by the Minister under section 48 (1) (a).

approved mental health facility means a mental health facility approved by the Minister under section 48 (1) (b).

assessment means a psychiatric or psychological assessment.

assessment order, for division 4.2—see section 15.

care and protection order—see the *Children and Young People Act 2008*, section 422.

care coordinator means the care coordinator appointed under section 120A.

chief psychiatrist means the Chief Psychiatrist appointed under section 112.

community care facility means—

- (a) a facility, or part of a facility, for the care, protection, rehabilitation or accommodation of mentally dysfunctional persons; or
- (b) a prescribed psychiatric institution or a prescribed part of a psychiatric institution;

but does not include a correctional centre.

community care order means an order made under section 36.

corresponding law, for part 5A (Interstate application of mental health laws)—see section 48B.

Crimes Act means the *Crimes Act 1900*.

CYP director-general means the director-general responsible for the *Children and Young People Act 2008*.

decision includes an order.

electroconvulsive therapy—see section 55.

electroconvulsive therapy order—see section 55F.

emergency electroconvulsive therapy order—see section 55M.

general president, of the ACAT—see the *ACT Civil and Administrative Tribunal Act 2008*, dictionary.

information statement means an information statement described in section 50 (1) (b).

informed consent, for part 7 (Electroconvulsive therapy and psychiatric surgery)—see section 54.

inspector, for part 12 (Private psychiatric institutions)—see section 123.

interim care and protection order—see the *Children and Young People Act 2008*, section 433.

interim therapeutic protection order—see the *Children and Young People Act 2008*, section 543.

interstate custodial patient, for part 5A (Interstate application of mental health laws)—see section 48B.

interstate non-custodial order, for part 5A (Interstate application of mental health laws)—see section 48B.

licence, for part 12 (Private psychiatric institutions)—see section 123.

licensed premises, for part 12 (Private psychiatric institutions)—see section 123.

licensee, for part 12 (Private psychiatric institutions)—see section 123.

mental dysfunction means a disturbance or defect, to a substantially disabling degree, of perceptual interpretation, comprehension, reasoning, learning, judgment, memory, motivation or emotion.

mental health facility means a facility for the treatment, care, rehabilitation or accommodation of mentally dysfunctional or mentally ill persons, and includes a psychiatric institution.

mental health officer means a person appointed as a mental health officer under section 119.

mental health order means a psychiatric treatment order, a community care order or a restriction order.

mental health professional means a psychiatrist, psychologist, social worker, therapist or other person who provides services for mentally dysfunctional or mentally ill persons.

mental illness means a condition that seriously impairs (either temporarily or permanently) the mental functioning of a person and is characterised by the presence in the person of any of the following symptoms:

- (a) delusions;
- (b) hallucinations;
- (c) serious disorder of thought form;
- (d) a severe disturbance of mood;
- (e) sustained or repeated irrational behaviour indicating the presence of the symptoms referred to in paragraph (a), (b), (c) or (d).

mental impairment—see the Criminal Code, section 27.

neurosurgery means surgery on the brain of a person for the purpose of treating a pathological condition of the physical structure of the brain.

non-presidential member, of the ACAT—see the *ACT Civil and Administrative Tribunal Act 2008*, dictionary.

offender with a mental impairment means a person who has been ordered by a court, under the Crimes Act, part 13 (Unfitness to plead and mental impairment), to submit to the jurisdiction of the ACAT to enable the ACAT to make a mental health order in relation to the person.

official visitor means an official visitor appointed under section 121.

order includes the variation or revocation of an order.

presidential member, of the ACAT—see the *ACT Civil and Administrative Tribunal Act 2008*, dictionary.

private psychiatric institution means an institution in respect of which a licence is issued under part 12.

proceeding means an application to, or other proceeding in, the ACAT.

psychiatric institution means a hospital or other institution for the treatment, care, rehabilitation or accommodation of people who have a mental illness, that is—

- (a) an institution conducted by the Territory; or
- (b) a private mental institution.

psychiatric institution, for part 12 (Private psychiatric institutions)—see section 123.

psychiatric surgery means surgery on the brain of a person, other than neurosurgery.

psychiatric treatment order means an order made under section 28.

psychiatrist means a doctor who is registered under the *Health Practitioner Regulation National Law (ACT)* in the specialist area of psychiatry.

referring officer, in relation to a person, means—

- (a) the police officer—
 - (i) who arrests the person in connection with an offence; or
 - (ii) who is satisfied that there are sufficient grounds on which to charge the person in connection with an offence; or
 - (iii) who charges the person in connection with an offence;
- (b) a member of the staff of the director of public prosecutions who is responsible for the prosecution of an offence against the person; or
- (c) if the person is required to accept supervision by someone else as a condition of bail under the *Bail Act 1992*—that other person.

Note Under the *Bail Act 1992*, s 25 (2) and s 26 (2), an adult may be supervised by the director of corrective services and a child may be supervised by the director-general under the *Children and Young People Act 2008*.

relative, in relation to a person, means a domestic partner, parent, guardian, grandparent, uncle, aunt, brother, sister, half-brother, half-sister, cousin or child (being a child over the age of 18 years) of the person.

Note For the meaning of **domestic partner**, see Legislation Act, s 169.

responsible person, for part 6 (Rights of mentally dysfunctional or mentally ill persons)—see section 49.

restriction order means an order made under section 30 or section 36B.

reviewable decision, for division 12.4 (Notification and review of decisions)—see section 136.

State, for part 5A (Interstate application of mental health laws)—see section 48B.

subject person, for part 9 (Procedural matters—ACAT)—see section 76.

Endnotes

1 About the endnotes

Endnotes

1 About the endnotes

Amending and modifying laws are annotated in the legislation history and the amendment history. Current modifications are not included in the republished law but are set out in the endnotes.

Not all editorial amendments made under the *Legislation Act 2001*, part 11.3 are annotated in the amendment history. Full details of any amendments can be obtained from the Parliamentary Counsel's Office.

Uncommenced amending laws and expiries are listed in the legislation history and the amendment history. These details are underlined. Uncommenced provisions and amendments are not included in the republished law but are set out in the last endnote.

If all the provisions of the law have been renumbered, a table of renumbered provisions gives details of previous and current numbering.

The endnotes also include a table of earlier republications.

2 Abbreviation key

A = Act	NI = Notifiable instrument
AF = Approved form	o = order
am = amended	om = omitted/repealed
amdt = amendment	ord = ordinance
AR = Assembly resolution	orig = original
ch = chapter	par = paragraph/subparagraph
CN = Commencement notice	pres = present
def = definition	prev = previous
DI = Disallowable instrument	(prev...) = previously
dict = dictionary	pt = part
disallowed = disallowed by the Legislative Assembly	r = rule/subrule
div = division	reloc = relocated
exp = expires/expired	renum = renumbered
Gaz = gazette	R[X] = Republication No
hdg = heading	RI = reissue
IA = Interpretation Act 1967	s = section/subsection
ins = inserted/added	sch = schedule
LA = Legislation Act 2001	sdiv = subdivision
LR = legislation register	SL = Subordinate law
LRA = Legislation (Republication) Act 1996	sub = substituted
mod = modified/modification	<u>underlining</u> = whole or part not commenced or to be expired

3 Legislation history

Mental Health (Treatment and Care) Act 1994 No 44

notified 7 September 1994 (Gaz 1994 No S177)

s 1, s 2 commenced 7 September 1994

remainder commenced 6 February 1995 (Gaz 1995 No S33)

as amended by

Annual Reports (Government Agencies) (Consequential Provisions) Act 1995 No 25 sch

notified 5 September 1995 (Gaz 1995 No S212)

commenced 5 September 1995 (s 2)

Health and Community Care Services (Consequential Provisions) Act 1996 No 35 sch

notified 1 July 1996 (Gaz 1996 No S130)

commenced 1 July 1996 (s 2)

Legal Practitioners (Consequential Amendments) Act 1997 No 96 sch 1

notified 1 December 1997 (Gaz 1997 No S380)

s 1, s 2 commenced 1 December 1997 (s 2 (1))

sch 1 commenced 1 June 1998 (s 2 (2))

Mental Health (Treatment and Care) (Amendment) Act 1997 No 104

notified 24 December 1997 (Gaz 1997 No S420)

commenced 24 December 1997 (s 2)

Statute Law Revision (Penalties) Act 1998 No 54 sch

notified 27 November 1998 (Gaz 1998 No S207)

s 1, s 2 commenced 27 November 1998 (s 2 (1))

sch commenced 9 December 1998 (s 2 (2) and Gaz 1998 No 49)

Mental Health (Treatment and Care) (Amendment) Act 1998 No 70

notified 23 December 1998 (Gaz 1998 No S212)

commenced 23 December 1998 (s 2)

Endnotes

3 Legislation history

**Courts and Tribunals (Audio Visual and Audio Linking)
Act 1999 No 22 pt 11**

notified 14 April 1999 (Gaz 1999 No S16)
s 1, s 2 commenced 14 April 1999 (s 2 (1))
pt 11 commenced 1 September 1999 (s 2 and Gaz 1999 No 35)

Mental Health (Treatment and Care) (Amendment) Act 1999 No 31

notified 25 June 1999 (Gaz 1999 No S34)
ss 1-5 commenced 25 June 1999 (s 2 (1))
remainder commenced 1 October 1999 (s 2 (2))

**Mental Health (Treatment and Care) Amendment Act (No 2)
1999 No 62**

notified 10 November 1999 (Gaz 1999 No 45)
commenced 10 November 1999 (s 2)

**Children and Young People (Consequential Amendments)
Act 1999 No 64 sch 2**

notified 10 November 1999 (Gaz 1999 No 45)
s 1, s 2 commenced 10 November 1999 (s 2 (1))
sch 2 commenced 10 May 2000 (s 2 (2))

Law Reform (Miscellaneous Provisions) Act 1999 No 66 sch 3

notified 10 November 1999 (Gaz 1999 No 45)
sch 3 commenced 10 November 1999 (s 2)

**Justice and Community Safety Legislation Amendment Act 2000
(No 2) No 2 sch**

notified 9 March 2000 (Gaz 2000 No 10)
sch commenced 9 March 2000 (s 2)

**Justice and Community Safety Legislation Amendment Act 2000
(No 3) No 17 sch 1**

notified 1 June 2000 (Gaz 2000 No 22)
sch 1 commenced 1 June 2000 (s 2)

Mental Health (Treatment and Care) Amendment Act 2000 No 52

notified 5 October 2000 (Gaz 2000 No 40)
commenced 5 October 2000 (s 2)

**Legislation (Consequential Amendments) Act 2001 No 44 pt 249
(as am by Act 2001 No 70 amdt 1.13)**

notified 26 July 2001 (Gaz 2001 No 30)
s 1, s 2 commenced 26 July 2001 (IA s 10B)
pt 249 commenced 12 September 2001 (s 2 and see Gaz 2001
No S65)

Statute Law Amendment Act 2001 No 56 pt 1.4

notified 5 September 2001 (Gaz 2001 No S65)
s 1, s 2 commenced 5 September 2001 (s IA s 10B)
amdt 1.40 commenced 12 September 2001 (amdt 1.40)
pt 1.4 remainder commenced 5 September 2001 (s 2)

**Justice and Community Safety Legislation Amendment Act 2001
No 70 sch 1**

notified LR 14 September 2001
amdt commenced 14 September 2001 (s 2 (5))

Statute Law Amendment Act 2002 No 30 pt 3.49

notified LR 16 September 2002
s 1, s 2 taken to have commenced 19 May 1997 (LA s 75 (2))
pt 3.49 commenced 17 September 2002 (s 2 (1))

Mental Health (Treatment and Care) Amendment Act 2002 No 33

notified LR 8 October 2002
s 1, s 2 commenced 8 October 2002 (LA s 75 (1))
remainder commenced 9 October 2002 (s 2)

**Health and Community Care Services (Repeal and Consequential
Amendments) Act 2002 No 47 pt 1.3**

notified LR 20 December 2002
s 1, s 2 commenced 20 December 2002 (LA s 75 (1))
pt 1.3 commenced 31 December 2002 (s 2)

Statute Law Amendment Act 2002 (No 2) No 49 pt 3.12

notified LR 20 December 2002
s 1, s 2 taken to have commenced 7 October 1994 (LA s 75 (2))
pt 3.12 commenced 17 January 2003 (s 2 (1))

Endnotes

3 Legislation history

Legislation (Gay, Lesbian and Transgender) Amendment Act 2003 A2003-14 sch 1 pt 1.24

notified LR 27 March 2003
s 1, s 2 commenced 27 March 2003 (LA s 75 (1))
pt 1.24 commenced 28 March 2003 (s 2)

Evidence (Miscellaneous Provisions) Amendment Act 2003 A2003-48 sch 2 pt 2.10

notified LR 31 October 2003
s 1, s 2 commenced 31 October 2003 (LA s 75 (1))
sch 2 pt 2.10 commenced 30 April 2004 (s 2 and LA s 79)

Annual Reports Legislation Amendment Act 2004 A2004-9 sch 1 pt 1.21

notified LR 19 March 2004
s 1, s 2 commenced 19 March 2004 (LA s 75 (1))
sch 1 pt 1.21 commenced 13 April 2004 (s 2 and see Annual Reports
(Government Agencies) Act 2004 A2004-8, s 2 and CN2004-5)

Nurse Practitioners Legislation Amendment Act 2004 A2004-10 pt 4

notified LR 19 March 2004
s 1, s 2 commenced 19 March 2004 (LA s 75 (1))
pt 4 commenced 27 May 2004 (s 2 and CN2004-9)

Bail Amendment Act 2004 A2004-14 sch 2 pt 2.3

notified LR 26 March 2004
s 1, s 2 commenced 26 March 2004 (LA s 75 (1))
sch 2 pt 2.3 commenced 26 June 2004 (s 2)

Criminal Code (Theft, Fraud, Bribery and Related Offences) Amendment Act 2004 A2004-15 sch 2 pt 2.56

notified LR 26 March 2004
s 1, s 2 commenced 26 March 2004 (LA s 75 (1))
sch 2 pt 2.56 commenced 9 April 2004 (s 2 (1))

Crimes Amendment Act 2004 A2004-16 pt 3

notified LR 16 March 2004
s 1, s 2 commenced 16 March 2004 (LA s 75 (1))
pt 3 commenced 17 March 2004 (s 2)

**Health Professionals Legislation Amendment Act 2004 A2004-39
sch 6 pt 6.7 (as am by A2005-48 sch 1 pt 1.4)**

notified LR 8 July 2004
s 1, s 2 commenced 8 July 2004 (LA s 75 (1))
sch 6 pt 6.7 commenced 17 January 2006 (s 2 and see Health
Professionals Act 2004 A2004-38, s 2 (as am by A2005-28 amdt 1.1)
and CN2006-2)

Mental Health (Treatment and Care) Amendment Act 2004 A2004-44

notified LR 11 August 2004
s 1, s 2 commenced 11 August 2004 (LA s 75 (1))
remainder commenced 12 August 2004 (s 2)

**Court Procedures (Consequential Amendments) Act 2004 A2004-60
sch 1 pt 1.55**

notified LR 2 September 2004
s 1, s 2 commenced 2 September 2004 (LA s 75 (1))
sch 1 pt 1.55 commenced 10 January 2005 (s 2 and see Court
Procedures Act 2004 A2004-59, s 2 and CN2004-29)

Crimes Amendment Act 2005 A2005-7 pt 5

notified LR 23 February 2005
s 1, s 2 commenced 23 February 2005 (LA s 75 (1))
pt 5 commenced 24 February 2005 (s 2)

**Public Advocate Act 2005 A2005-47 sch 1 pt 1.7 (as am by A2006-3
amdt 1.8)**

notified LR 2 September 2005
s 1, s 2 commenced 2 September 2005 (LA s 75 (1))
sch 1 pt 1.7 commenced 1 March 2006 (s 2 as am by A2006-3
amdt 1.8))

Mental Health (Treatment and Care) Amendment Act 2005 A2005-48

notified LR 6 September 2005
s 1, s 2 commenced 6 September 2005 (LA s 75 (1))
sch 1 pt 1.4 commenced 17 January 2006 (LA s 79A and see
A2004 39)
remainder commenced 7 September 2005 (s 2)

Endnotes

3 Legislation history

Criminal Code (Administration of Justice Offences) Amendment Act 2005 A2005-53 sch 1 pt 1.22

notified LR 26 October 2005
s 1, s 2 commenced 26 October 2005 (LA s 75 (1))
sch 1 pt 1.22 commenced 23 November 2005 (s 2)

Human Rights Commission Legislation Amendment Act 2006 A2006-3 amdt 1.8

notified LR 22 February 2006
s 1, s 2 commenced 22 February 2006 (LA s 75 (1))
amdt 1.8 commenced 23 February 2006 (s 2)

Note This Act only amends the Public Advocate Act 2005 A2005-47

Criminal Code (Mental Impairment) Amendment Act 2006 A2006-14 sch 1 pt 1.3

notified LR 6 April 2006
s 1, s 2 commenced 6 April 2006 (LA s 75 (1))
sch 1 pt 1.3 commenced 7 April 2006 (s 2)

Sentencing Legislation Amendment Act 2006 A2006-23 sch 1 pt 1.28

notified LR 18 May 2006
s 1, s 2 commenced 18 May 2006 (LA s 75 (1))
sch 1 pt 1.28 commenced 2 June 2006 (s 2 (1) and see Crimes (Sentence Administration) Act 2005 A2005-59 s 2, Crimes (Sentencing) Act 2005 A2005-58, s 2 and LA s 79)

Health Legislation Amendment Act 2006 A2006-27 sch 2 pt 2.3

notified LR 14 June 2006
s 1, s 2 commenced 14 June 2006 (LA s 75 (1))
sch 2 pt 2.3 commenced 14 December 2006 (s 2 and LA s 79)

Justice and Community Safety Legislation Amendment Act 2006 A2006-40 sch 1 pt 1.11, sch 2 pt 2.24

notified LR 28 September 2006
s 1, s 2 commenced 28 September 2006 (LA s 75 (1))
sch 1 pt 1.11 commenced 19 October 2006 (s 2 (3))
sch 2 pt 2.24 commenced 29 September 2006 (s 2 (1))

Powers of Attorney Act 2006 A2006-50 sch 2 pt 2.3

notified LR 30 November 2006
s 1, s 2 commenced 30 November 2006 (LA s 75 (1))
sch 2 pt 2.3 commenced 30 May 2007 (s 2 and LA s 79)

Statute Law Amendment Act 2007 (No 3) A2007-39 sch 3 pt 3.24

notified LR 6 December 2007

s 1, s 2 commenced 6 December 2007 (LA s 75 (1))

sch 3 pt 3.24 commenced 27 December 2007 (s 2)

Mental Health (Treatment and Care) Amendment Act 2007 A2007-43

notified LR 12 December 2007

s 1, s 2 commenced 12 December 2007 (LA s 75 (1))

remainder commenced 13 December 2007 (s 2)

Children and Young People (Consequential Amendments) Act 2008 A2008-20 sch 3 pt 3.18, sch 4 pt 4.19

notified LR 17 July 2008

s 1, s 2 commenced 17 July 2008 (LA s 75 (1))

s 3 commenced 18 July 2008 (s 2 (1))

sch 3 pt 3.18 commenced 27 October 2008 (s 2 (4) and see Children and Young People Act 2008 A2008-19, s 2 and CN2008-13)

sch 4 pt 4.19 commenced 27 February 2009 (s 2 (5) and see Children and Young People Act 2008 A2008-19, s 2 and CN2008-17 (and see CN2008-13))

ACT Civil and Administrative Tribunal Legislation Amendment Act 2008 A2008-36 sch 1 pt 1.38

notified LR 4 September 2008

s 1, s 2 commenced 4 September 2008 (LA s 75 (1))

sch 1 pt 1.38 commenced 2 February 2009 (s 2 (1) and see ACT Civil and Administrative Tribunal Act 2008 A2008-35, s 2 (1) and CN2009-2)

Statute Law Amendment Act 2009 A2009-20 sch 1 pt 1.2, sch 3 pt 3.53

notified LR 1 September 2009

s 1, s 2 commenced 1 September 2009 (LA s 75 (1))

sch 1 pt 1.2, sch 3 pt 3.53 commenced 22 September 2009 (s 2)

Human Rights Commission Legislation Amendment Act 2010 A2010-5 pt 5

notified LR 2 March 2010

s 1, s 2 commenced 2 March 2010 (LA s 75 (1))

pt 5 commenced 9 March 2010 (s 2)

Endnotes

3 Legislation history

**Health Practitioner Regulation National Law (ACT) Act 2010 A2010-10
sch 2 pt 2.16**

notified LR 31 March 2010

s 1, s 2 commenced 31 March 2010 (LA s 75 (1))

amdt 2.106 commences 1 July 2012 (s 2 (2))

sch 2 pt 2.16 remainder commenced 1 July 2010 (s 2 (1) (a))

Statute Law Amendment Act 2011 A2011-3 sch 1 pt 1.4

notified LR 22 February 2011

s 1, s 2 commenced 22 February 2011 (LA s 75 (1))

sch 1 pt 1.4 commenced 1 March 2011 (s 2)

**Administrative (One ACT Public Service Miscellaneous Amendments)
Act 2011 A2011-22 sch 1 pt 1.114**

notified LR 30 June 2011

s 1, s 2 commenced 30 June 2011 (LA s 75 (1))

sch 1 pt 1.114 commenced 1 July 2011 (s 2 (1))

Statute Law Amendment Act 2011 (No 3) A2011-52 sch 3 pt 3.38

notified LR 28 November 2011

s 1, s 2 commenced 28 November 2011 (LA s 75 (1))

sch 3 pt 3.38 commenced 12 December 2011 (s 2)

4 Amendment history

Title	
title	am 1999 No 31 s 4
Commencement	
s 2	om 2001 No 44 amdt 1.2866
Dictionary	
s 3	sub 1998 No 70 s 4 om 1999 No 31 s 5 ins A2005-48 s 7
Notes	
s 4	defs reloc to dict A2005-48 s 6 sub A2005-48 s 7 def child om 2000 No 2 sch def Children's Services Act om 1999 No 64 sch 2 def community advocate om 2000 No 2 sch def convulsive therapy om A2005-48 s 4 def council om 1999 No 31 s 6 def determined fee om 2001 No 44 amdt 1.2867 def director om 1999 No 31 s 6 def discrimination commissioner om 2000 No 2 sch def doctor om 2000 No 2 sch def lawyer om 1997 No 96 sch 1 def psychiatric illness om 1999 No 31 s 6 def spouse om A2003-14 amdt 1.81
Offences against Act—application of Criminal Code etc	
s 4A	ins A2004-10 s 8 am A2005-48 s 8; A2005-47 amdt 1.14; A2007-43 s 4, s 5
People not to be regarded as mentally dysfunctional or mentally ill	
s 5 hdg	sub A2007-43 s 6
s 5	pars renum R6 LA am A2007-43 s 7
Objectives of Act	
s 7	am 1999 No 31 sch 1
Objectives of Territory	
s 8	am 1996 No 35 sch; 1999 No 31 s 7 and sch 1; 2002 No 47 amdt 1.19
Maintenance of freedom, dignity and self-respect	
s 9	am 1999 No 31 sch 1; 2000 No 2 sch sub A2008-36 amdt 1.496
Mental health tribunal	
pt 3 hdg	om A2008-36 amdt 1.497

Endnotes

4 Amendment history

Applications and referrals

div 4.1 hdg (prev pt 4 div 1 hdg) renum R3 LA
sub A2008-36 amdt 1.498

Application by mentally dysfunctional or mentally ill people

s 10 om A2008-36 amdt 1.497
ins A2008-36 amdt 1.498

Applications by other people

s 11 am 1999 No 31 sch 1; A2005-7 s 21; pars renum R21 LA (see
A2005-7 s 22); A2005-48 s 18; A2006-14 amdt 1.41;
A2007-39 amdt 3.99
om A2008-36 amdt 1.497
ins A2008-36 amdt 1.498

Applicant to tell ACAT of risks

s 12 am 2000 No 2 sch
om A2007-39 amdt 3.100
ins A2008-36 amdt 1.498

Registrar and deputy registrar

s 12A ins 1999 No 66 sch 3
om 2000 No 2 sch

Referrals to ACAT

s 13 hdg am 1999 No 31 notes
s 13 am 1999 No 31 sch 1; 2001 No 44 amdt 1.2868
sub A2008-36 amdt 1.498

Referring officer to tell ACAT of risks

s 14 am 1999 No 31 s 8 and sch 1; 2001 No 44 amdt 1.2869,
amdt 1.2870
sub A2008-36 amdt 1.498

Assessments

div 4.2 hdg (prev pt 4 div 2 hdg) renum R3 LA
sub A2008-36 amdt 1.498

Meaning of assessment order—div 4.2

s 15 am 1999 No 31 sch 1; 1999 No 62 s 5; A2006-14 amdt 1.42
sub A2008-36 amdt 1.498

Assessment orders

s 16 am 1999 No 31 sch 1; 1999 No 64 sch 2; A2004-44 s 9;
A2005-47 amdt 1.19; A2006-14 amdt 1.43; A2008-20
amdt 3.35
sub A2008-36 amdt 1.498
am A2011-52 amdt 3.138

Determination of ability to consent

s 16A ins 1999 No 31 s 9
am A2004-44 s 10
om A2008-36 amdt 1.498

Consent for assessment orders

s 17 am 1999 No 31 s 10
sub A2008-36 amdt 1.498

No consent for assessment orders

s 18 sub A2008-36 amdt 1.498

Content and effect of assessment orders

s 19 am 1997 No 96 sch 1; A2005-47 amdt 1.19
sub A2008-36 amdt 1.498

Notify public advocate of assessment orders

s 20 hdg am 1997 No 96 note
s 20 am 1997 No 96 sch 1
sub A2005-47 amdt 1.15; A2008-36 amdt 1.498

Time for conducting assessments

s 21 sub A2008-36 amdt 1.498

Removal to conduct assessments

s 22 am A2005-47 amdt 1.19
sub A2008-36 amdt 1.498

Executing orders to conduct assessments

s 22A ins A2008-36 amdt 1.498

Contact with others

s 22B ins A2008-36 amdt 1.498

Public advocate and lawyer to have access

s 22C ins A2008-36 amdt 1.498

Person to be assessed to be informed

s 22D ins A2008-36 amdt 1.498

Copies of assessments

s 22E ins A2008-36 amdt 1.498

Making of orders—preliminary matters

div 4.3 hdg (prev pt 4 div 3 hdg) renum R3 LA
sub A2004-44 s 11

ACAT must consider assessment

s 23 sub A2004-44 s 11; A2008-36 amdt 1.499

Endnotes

4 Amendment history

ACAT must hold inquiry

s 24 hdg am A2009-20 amdt 3.142
s 24 am 1999 No 31 sch 1
sub A2004-44 s 11
am A2009-20 amdt 3.142

Consultation

s 24A ins 1999 No 31 s 11
am 1999 No 64 sch 2
om A2004-44 s 11

Consultation by tribunal etc

s 25 am 1999 No 31 s 12 and sch 1; pars renum R6 LA
sub A2004-44 s 11
am A2006-50 amdt 2.14; A2008-20 amdt 3.36; A2008-36
amdt 1.540

What tribunal must take into account

s 26 sub 1999 No 31 s 13; A2004-44 s 11
am A2006-14 amdts 1.44-1.46; A2008-36 amdt 1.500,
amdt 1.540; A2009-20 amdt 3.142

ACAT must not order particular drugs etc

s 27 sub 1999 No 31 s 13; A2004-44 s 11
sub A2008-36 amdt 1.501

Psychiatric treatment orders

div 4.4 hdg (prev pt 4 div 4 hdg) renum R3 LA
ins 1999 No 62 s 8
sub A2004-44 s 11

Criteria for making psychiatric treatment order

s 28 sub 1999 No 31 s 13
am 1999 No 62 s 6
sub A2004-44 s 11
am A2008-36 amdt 1.540

Content of psychiatric treatment order

s 29 sub 1999 No 31 s 13; A2004-44 s 11
am A2005-48 s 18

Criteria for making restriction order with psychiatric treatment order

s 30 am 1999 No 31 s 14, sch 1
sub A2004-44 s 11; A2008-36 amdt 1.502

Content of restriction order

s 31 sub A2004-44 s 11

Role of chief psychiatrist

s 32 am 1999 No 31 s 15, sch 1; 1999 No 62 s 7; 2001 No 44
amdt 1.2871, amdt 1.2872
sub A2004-44 s 11
am A2005-47 amdt 1.19; A2006-50 amdt 2.15; A2008-36
amdt 1.540

Contravention of mental health orders

s 32A ins 1999 No 31 s 16
om A2004-44 s 11

Treatment to be explained

s 33 am 1999 No 31 sch 1
sub A2004-44 s 11

Action if psychiatric treatment order no longer appropriate

s 34 hdg am 1997 No 96 note
s 34 am 1997 No 96 sch 1; 1999 No 31 sch 1
sub A2004-44 s 11
am A2005-47 amdt 1.19; A2008-36 amdt 1.540

Powers in relation to detention, restraint etc

s 35 hdg am 1999 No 31 notes
s 35 am 1999 No 31 sch 1
sub A2004-44 s 11
am A2005-47 amdt 1.19

Community care orders

div 4.5 hdg ins A2004-44 s 11

Criteria for making community care order

s 36 am 1999 No 31 s 17 and sch 1
sub A2004-44 s 11
am A2008-36 amdt 1.540

Content of community care order

s 36A ins 1999 No 62 s 8
sub A2004-44 s 11

Criteria for making restriction order with community care order

s 36B ins 1999 No 62 s 8
sub A2004-44 s 11; A2008-36 amdt 1.503

Content of restriction order

s 36C ins A2004-44 s 11

Role of care coordinator

s 36D ins A2004-44 s 11
am A2005-47 amdt 1.19; A2006-50 amdt 2.16; A2008-36
amdt 1.540

Endnotes

4 Amendment history

Treatment to be explained

s 36E ins A2004-44 s 11

Action if community care order no longer appropriate

s 36F ins A2004-44 s 11
am A2005-47 amdt 1.19; A2008-36 amdt 1.540

Powers in relation to detention, restraint etc

s 36G ins A2004-44 s 11
am A2005-47 amdt 1.19; A2008-36 amdt 1.540

Limits on communication

div 4.6 hdg ins A2004-44 s 11

Limits on communication

s 36H ins A2004-44 s 11
am A2008-36 amdt 1.504

Communication with public advocate and person's lawyer

s 36I ins A2004-44 s 11
sub A2005-47 amdt 1.16

Duration, contravention and review of orders

div 4.7 hdg ins A2004-44 s 11

Duration of orders

s 36J ins A2004-44 s 11
am A2006-14 amdt 1.47

Contravention of psychiatric treatment order or community care order

s 36K ins A2004-44 s 11
am A2005-47 amdt 1.19; A2008-36 amdt 1.540

Review, variation and revocation of orders

s 36L ins A2004-44 s 11
am A2008-36 amdt 1.505, amdt 1.540

Apprehension

s 37 am 1999 No 31 s 18; 2000 No 52 s 4; ss renum R6 LA;
A2008-36 amdt 1.506

Detention

s 38 am 1999 No 31 s 19; 2000 No 52 s 5

Circumstances in which copy of court order to be provided

s 38A ins 1999 No 31 s 20
am A2006-23 amdt 1.269

Examination by doctor

s 40 am 1999 No 31 s 21; 2000 No 52 s 6

Authorisation of involuntary detention

s 41 am 1999 No 31 s 22; 1999 No 62 s 9; 2001 No 44
amds 1.2873-1.2875; A2008-36 amdt 1.540

Notification of Magistrates Court about emergency detention or release from emergency detention

s 41A ins 1999 No 31 s 23

Notification of certain persons about detention

s 42 am 1998 No 54 sch; 1999 No 31 s 24; A2005-47 amdt 1.19;
A2008-36 amdt 1.507; ss renum R38 LA

Medical examination

s 43 am 1999 No 31 s 25; 1999 No 62 s 10

Treatment during detention

s 44 am 1999 No 31 s 26; A2005-48 s 9

Communication during detention

s 45 am 1997 No 96 sch 1; 1998 No 54 sch
sub A2005-47 amdt 1.17

Orders for release

s 46 am 1999 No 31 s 27 and sch 1; A2008-36 amdt 1.540

Duty to release

s 47 am 1998 No 54 sch; 1999 No 31 s 28; A2008-36 amdt 1.540

Approved facilities

s 48 am 1999 No 31 s 29; 2001 No 44 amdt 1.2876, amdt 1.2877;
2001 No 56 amdt 1.39; A2004-44 s 12, s 13; A2007-39
amdt 3.101

Interstate application of mental health laws

pt 5A hdg ins 1997 No 104 s 4

Preliminary

div 5A.1 hdg (prev pt 5A div 1 hdg) ins 1997 No 104 s 4
renum R3 LA

Object of pt 5A

s 48A ins 1997 No 104 s 4

Definitions for pt 5A

s 48B ins 1997 No 104 s 4
def **agreement** ins 1997 No 104 s 4
def **corresponding law** ins 1997 No 104 s 4
def **custodial order** ins 1997 No 104 s 4
am 1999 No 31 sch 1
sub A2004-44 s 14
om A2007-43 s 8

Endnotes

4 Amendment history

def **interstate custodial patient** ins 1997 No 104 s 4
def **interstate non-custodial order** ins 1997 No 104 s 4
def **non-custodial order** ins 1997 No 104 s 4
om A2007-43 s 8
def **State** ins 1997 No 104 s 4

Authority to enter into agreements

s 48C ins 1997 No 104 s 4
am A2011-52 amdt 3.139

Recognition of interstate laws and orders

s 48D ins 1997 No 104 s 4

Territory officers may exercise functions under corresponding laws

s 48E ins 1997 No 104 s 4

Transfer of persons from ACT

div 5A.1 hdg (prev pt 5A div 2 hdg) ins 1997 No 104 s 4
renum R3 LA

Emergency admission of persons to health facilities in other States

s 48F ins 1997 No 104 s 4

Transfer of custodial patients from ACT

s 48G ins 1997 No 104 s 4
am A2007-43 s 9

Application of Act to persons transferred interstate

s 48H ins 1997 No 104 s 4

Transfer of persons to ACT

div 5A.3 hdg (prev pt 5A div 3 hdg) ins 1997 No 104 s 4
renum R3 LA

Emergency admission of interstate persons to approved health facilities

s 48I ins 1997 No 104 s 4

Application of Act to persons detained under s 48I

s 48J ins 1997 No 104 s 4

Transfer of interstate custodial patients to health facilities in ACT

s 48K ins 1997 No 104 s 4
am A2007-43 s 10; A2008-36 amdt 1.508

Application of Act to persons transferred to ACT under s 48K

s 48L ins 1997 No 104 s 4
am A2007-43 s 10

Psychiatric treatment orders and interstate non-custodial orders

div 5A.4 hdg (prev pt 5A div 4 hdg) ins 1997 No 104 s 4
renum R3 LA
sub A2007-43 s 11

Psychiatric treatment orders relating to interstate people

s 48M hdg sub A2007-43 s 12
 s 48M ins 1997 No 104 s 4
 am A2007-43 s 13, s 14

Orders relating to ACT residents

s 48N ins 1997 No 104 s 4
 am 2000 No 2 sch

Apprehension of persons absent from custody or in breach of orders

div 5A.5 hdg (prev pt 5A div 5 hdg) ins 1997 No 104 s 4
 renum R3 LA

Recognition of apprehension orders

s 48P ins 1997 No 104 s 4

Apprehension of interstate persons absent without leave or in breach of orders

s 48Q ins 1997 No 104 s 4

Regulations relating to apprehension of persons

s 48R ins 1997 No 104 s 4

Rights of mentally dysfunctional or mentally ill persons

pt 6 hdg am 1999 No 31 s 30

Meaning of *responsible person*

s 49 am 2002 No 47 amdt 1.21
 def ***responsible person*** am 1996 No 35 sch; 1999 No 31
 sch 1; 2002 No 47 amdt 1.20; A2004-44 s 15; A2011-22
 amdt 1.337

Statement of rights

s 50 am A2004-44 s 16; A2005-47 amdt 1.19

Information to be provided

s 51 am 1999 No 31 sch 1; A2004-44 s 17, s 18; pars renum
 R19 LA (see A2004-44 s 19) ; A2005-47 amdt 1.19;
 A2008-36 amdt 1.509

Communication

s 52 am 1999 No 31 sch 1; A2004-44 s 20; A2006-14 amdt 1.48

Failure by owner to comply

s 53 am 1996 No 35 sch; 1998 No 54 sch; 2002 No 47 amdt 1.22

Electroconvulsive therapy and psychiatric surgery

pt 7 hdg am A2005-48 s 18

Consent

div 7.1 hdg (prev pt 7 div 1 hdg) renum R3 LA

Endnotes

4 Amendment history

Informed consent

s 54 am A2005-48 s 18

Electroconvulsive therapy

div 7.2 hdg (prev pt 7 div 2 hdg) renum R3 LA
sub A2005-48 s 10

What is *electroconvulsive therapy*?

sdiv 7.2.1 hdg ins A2005-48 s 11

What is *electroconvulsive therapy*?

s 55 am 1998 No 54 sch; 1999 No 31 s 31 and sch 1; A2004-44
s 21
sub A2005-48 s 11

Informed consent for electroconvulsive therapy

sdiv 7.2.2 hdg ins A2005-48 s 11

Electroconvulsive therapy may be administered with consent

s 55A ins A2005-48 s 11

Offence—electroconvulsive therapy without consent

s 55B ins A2005-48 s 11

Offence—electroconvulsive therapy on 10 or more occasions since consent

s 55C hdg sub A2007-43 s 15
s 55C ins A2005-48 s 11

Offence—electroconvulsive therapy after consent withdrawn

s 55D ins A2005-48 s 11

Electroconvulsive therapy orders

sdiv 7.2.3 hdg ins A2005-48 s 11

Electroconvulsive therapy may be administered under electroconvulsive therapy order

s 55E ins A2005-48 s 11

Application for electroconvulsive therapy order

s 55F ins A2005-48 s 11

Criteria for making electroconvulsive therapy order

s 55G ins A2005-48 s 11
am A2008-36 amdt 1.540

Content of electroconvulsive therapy order

s 55H ins A2005-48 s 11
am A2008-36 amdt 1.510

Offence—electroconvulsive therapy without electroconvulsive therapy order

s 55I ins A2005-48 s 11

Offence—electroconvulsive therapy on 10 or more occasions since electroconvulsive therapy order

s 55J hdg sub A2007-43 s 16
 s 55J ins A2005-48 s 11
 am A2008-36 amdt 1.511

Offence—electroconvulsive therapy after order consent withdrawn

s 55K ins A2005-48 s 11

Emergency electroconvulsive therapy order

sdiv 7.2.4 hdg ins A2005-48 s 12

Electroconvulsive therapy may be administered under emergency electroconvulsive therapy order

s 55L ins A2005-48 s 12

Application for emergency electroconvulsive therapy order

s 55M ins A2005-48 s 12
 am A2008-36 amdt 1.512; A2011-22 amdt 1.338

Criteria for making emergency electroconvulsive therapy order

s 55N ins A2005-48 s 12
 am A2006-40 amdt 1.31; A2008-36 amdt 1.513, amdt 1.540

Content of an emergency electroconvulsive therapy order

s 55O ins A2005-48 s 12
 am A2008-36 amdt 1.514

Conflict between orders

s 55P ins A2005-48 s 12
 sub A2008-36 amdt 1.515

Only doctor or authorised person to administer electroconvulsive therapy

sdiv 7.2.5 hdg ins A2005-48 s 13

Offence—electroconvulsive therapy without doctor's consent

s 56 am 1998 No 54 sch
 sub A2005-48 s 13

Records of electroconvulsive therapy

sdiv 7.2.6 hdg ins A2005-48 s 13

Doctor must record electroconvulsive therapy

s 57 am 1998 No 54 sch
 sub A2005-48 s 13
 am A2008-36 amdt 1.540

Electroconvulsive therapy records to be kept for 5 years

s 58 am 1998 No 54 sch
 sub A2005-48 s 13

Psychiatric surgery

div 7.3 hdg (prev pt 7 div 3 hdg) renum R3 LA

Endnotes

4 Amendment history

Performance on persons subject to orders of tribunal

s 59 am A2008-36 amdt 1.540

Approval and consent required

s 60 am 1998 No 54 sch; 1999 No 31 sch 1

Application for approval

s 61 am 1999 No 31 sch 1

Application to be considered by committee

s 62 am 1999 No 31 sch 1

Chief psychiatrist may require further information

s 63 hdg am 1999 No 31 notes

s 63 am 1999 No 31 sch 1

Chief psychiatrist to act on committee's recommendation

s 64 hdg am 1999 No 31 notes

s 64 am 1999 No 31 sch 1

Consent of Supreme Court

s 65 am 1999 No 31 sch 1

Refusal of surgery

s 66 am 1998 No 54 sch; 1999 No 31 sch 1

Committees

s 67 am 1997 No 96 sch 1; A2007-39 amdt 3.102

Referrals by courts under Crimes Act and C&YP Act

pt 8 hdg am 1999 No 64 sch 2

Review of certain people found unfit to plead

s 68 am 1997 No 96 sch 1; 1999 No 31 s 32; 2000 No 2 sch;
ss renum R6 LA
sub A2005-7 s 23
am A2006-14 amdt 1.49, amdt 1.50; A2008-36 amdt 1.516,
amdt 1.540; A2011-52 amdt 3.140

Review of people temporarily unfit to plead

s 69 sub A2004-16 s 18
om A2005-7 s 23

Review of certain other people found unfit to plead

s 69A ins A2004-16 s 18
(7)-(9) exp 17 June 2004 (s 69A (9))
om A2005-7 s 23

Recommendations about people with mental impairment

- s 70 hdg am 1999 No 31 notes
sub A2006-14 amdt 1.51
- s 70 am 1999 No 31 sch 1; 1999 No 64 sch 2; A2006-14 amdt 1.52
sub A2008-20 amdt 3.37
am A2008-36 amdt 1.540; A2008-20 amdt 4.45

Recommendations about people with mental illness or mental dysfunction

- s 70A ins A2008-20 amdt 3.37
am A2008-36 amdt 1.540

Service of decisions etc

- s 71 am 1999 No 64 sch 2; A2004-16 s 19
sub A2005-7 s 24
am A2005-47 amdt 1.19; A2008-20 amdt 3.38; A2008-36
amdt 1.517; A2011-22 amdt 1.338

Periodic review of orders for detention

- s 72 am 1999 No 31 s 33, sch 1; A2008-36 amdt 1.540

Review of conditions of release

- s 73 am A2008-36 amdt 1.540

Breach of conditions of release

- s 74 am A2008-36 amdt 1.540

Limit on detention

- s 75 am 1999 No 31 s 34; A2008-36 amdt 1.540

Procedural matters—ACAT

- pt 9 hdg sub A2008-36 amdt 1.518

Tribunal members

- div 9.1 hdg (prev pt 9 div 1 hdg) sub 2000 No 2 sch
renum R3 LA
om A2008-36 amdt 1.518

Meaning of *subject person*—pt 9

- s 76 am 1997 No 96 sch 1; 1999 No 31 s 35 and sch 1
sub 2000 No 2 s 3 sch
am A2007-39 amdt 3.102
sub A2008-36 amdt 1.518

When ACAT may be constituted by presidential member

- s 77 am 1999 No 31 s 36
sub 2000 No 2 sch; A2008-36 amdt 1.518

When ACAT must be constituted by more members

- s 78 sub 2000 No 2 sch; A2008-36 amdt 1.518

Endnotes

4 Amendment history

Applications

s 79 sub 2000 No 2 sch; A2008-36 amdt 1.518
am A2011-22 amdt 1.338

Appearance

s 80 sub 2000 No 2 sch; A2008-36 amdt 1.518
am A2011-22 amdt 1.337, amdt 1.338

Representation of children

s 81 sub 2000 No 2 sch
am A2004-44 s 22; A2007-39 amdt 3.103
sub A2008-36 amdt 1.518

Registrar and deputy registrars

div 9.2 hdg prev pt 9 div 2 hdg renum as pt 9 div 4 hdg
ins 2000 No 2 sch
renum R3 LA
om A2008-36 amdt 1.518

Subpoena to appear in person

s 82 sub 2000 No 2 sch
am A2007-39 amdt 3.104
sub A2008-36 amdt 1.518

Other provisions about the tribunal

div 9.3 hdg (prev pt 9 div 3 hdg) ins 2000 No 2 sch
renum R3 LA
om A2008-36 amdt 1.518

Person subpoenaed in custody

s 83 sub 2000 No 2 sch
am A2004-44 s 23; A2004-60 amdt 1.594; A2005-7 s 25; pars
renum R21 LA (see A2005-7 s 26)
sub A2005-48 s 14; A2008-36 amdt 1.518

When tribunal must be constituted by more members

s 83A ins A2005-48 s 14
am A2006-14 amdt 1.53; A2008-20 amdt 3.39
om A2008-36 amdt 1.518

Change of tribunal membership during matter

s 83B ins A2005-48 s 14
om A2008-36 amdt 1.518

President to select most suitable members

s 83C ins A2005-48 s 14
om A2008-36 amdt 1.518

When magistrate must not be tribunal member

s 83D ins A2005-48 s 14
om A2008-36 amdt 1.518

Directions to registrar

s 84 sub 2000 No 2 sch; A2008-36 amdt 1.518

Notice of hearing

s 85 am 1998 No 54 sch
sub 2000 No 2 sch
am A2005-48 s 15
sub A2008-36 amdt 1.518
am A2010-5 s 24; pars renum R41 LA; A2011-22 amdt 1.337,
amdt 1.338

Hearings to be in private

s 86 om 1995 No 25 sch
ins 2000 No 2 sch
sub A2008-36 amdt 1.518

Secrecy

s 86A ins 2000 No 2 sch
om A2008-36 amdt 1.518

Procedural matters

div 9.4 hdg (prev pt 9 div 2 hdg) renum 2000 No 2 sch
renum R3 LA
om A2008-36 amdt 1.518

Who is given a copy of the order?

s 87 am 1999 No 64 sch 2; A2005-47 amdt 1.19
sub A2008-36 amdt 1.518

Sittings

s 88 sub 2000 No 2 sch
om A2008-36 amdt 1.518

Appearance, representation and use of interpreters

s 89 am 1996 No 35 sch; 1997 No 96 sch 1; 1999 No 31 sch 1;
1999 No 64 sch 2; pars renum R6 LA; 2002 No 47 amdt 1.23,
amdt 1.24; pars renum R9 LA (see 2002 No 47 amdt 1.25);
A2005-47 amdt 1.19
om A2008-36 amdt 1.518

Summons to appear in person

s 90 am 1997 No 96 sch 1; 1999 No 22 s 30; 1999 No 31 sch 1;
1999 No 64 sch 2; 2000 No 17 sch 1; 2001 No 44
amdt 1.2878, amdt 1.2879; 2001 No 44 amdt 1.2880 (as am
by 2001 No 70 amdt 1.13); A2003-48 amdt 2.13; A2005-47
amdt 1.19
om A2008-36 amdt 1.518

Person summoned in custody

s 91 am 1999 No 22 s 31
om A2008-36 amdt 1.518

Endnotes

4 Amendment history

Appearance by audiovisual or audio links

s 91A ins 1999 No 22 s 32
am 2000 No 17 sch 1; A2003-48 amdt 2.14
om A2008-36 amdt 1.518

Arrest of persons failing to appear

s 92 am 2000 No 2 sch
om A2008-36 amdt 1.518

Directions to registrar

s 93 am 2000 No 2 sch
om A2008-36 amdt 1.518

Notice of proceedings

s 94 am 1996 No 35 sch; 1999 No 31 sch 1; 1999 No 64 sch 2;
pars renum R6 LA; 2002 No 47 amdt 1.26, amdt 1.27; pars
renum R9 LA (see 2002 No 47 amdt 1.28); A2004-44 s 24;
pars renum R19 LA (see A2004-44 s 25) ; A2005-47
amdt 1.19
om A2008-36 amdt 1.518

Proceedings to be in private

s 95 am A2005-47 amdt 1.19
om A2008-36 amdt 1.518

Natural justice

s 96 om A2008-36 amdt 1.518

Evidence

s 97 am 2000 No 2 sch; A2005-53 amdt 1.115
om A2008-36 amdt 1.518

Privileges against selfincrimination and exposure to civil penalty

s 98 sub A2005-53 amdt 1.116
om A2008-36 amdt 1.518

Determination of questions

s 99 am 1999 No 31 sch 1
om 2000 No 2 sch

Assistance for tribunal

s 100 am 1997 No 96 sch 1; A2007-39 amdt 3.105
om A2008-36 amdt 1.518

Power to obtain information and documents

s 101 am 1998 No 54 sch; 2000 No 2 sch; A2005-53 amdt 1.117
om A2008-36 amdt 1.518

Retention of documents

s 102 am 2000 No 2 sch; A2005-53 amdt 1.118
om A2008-36 amdt 1.518

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s 103	om 1999 No 31 s 37
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s 104	om A2008-36 amdt 1.518
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s 105	am A2004-44 s 26; pars renum R19 LA (see A2004-44 s 27) sub A2005-48 s 16 (5), (6) exp 1 March 2006 (s 105 (6)) am A2006-50 amdt 2.17; pars renum A2006-50 amdt 2.18 om A2008-36 amdt 1.518
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s 106	om A2008-36 amdt 1.518
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s 107	am 2000 No 2 sch om A2008-36 amdt 1.518
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s 108	am 2000 No 2 sch om A2008-36 amdt 1.518
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s 109	om A2008-36 amdt 1.518
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s 110	om A2008-36 amdt 1.518
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s 111	am 1998 No 54 sch; 2000 No 2 sch sub A2005-53 amdt 1.119 om A2008-36 amdt 1.518
Chief psychiatrist and mental health officers	
pt 10 hdg	am 1999 No 31 s 38
Chief psychiatrist	
s 112	am 1996 No 35 sch; 1999 No 31 s 39 sub 2002 No 47 amdt 1.29
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s 113	am 1999 No 31 s 40, sch 1; pars renum R6 LA
Terms of appointment	
s 114	am 1999 No 31 sch 1 om 2002 No 47 amdt 1.30
Resignation	
s 115	am 1999 No 31 sch 1 om 2002 No 47 amdt 1.30

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Termination of appointment

s 116 am 1999 No 31 sch 1

Acting appointments

s 117 am 1999 No 31 sch 1
om 2002 No 47 amdt 1.30

Delegation by chief psychiatrist

s 118 am 1996 No 35 sch; 1999 No 31 sch 1
sub 2002 No 47 amdt 1.31
am A2011-3 amdt 1.7

Mental health officers

s 119 am 1999 No 31 s 41, sch 1
sub A2004-10 s 9
am A2006-27 amdt 2.4; A2007-43 s 17; A2010-10 amdt 2.105;
A2010-10 amdt 2.106

Functions of mental health officers

s 119A ins A2004-10 s 9

Identity cards for mental health officers

s 119B ins A2004-10 s 9
am A2011-22 amdt 1.337

Chief psychiatrist's annual report

s 120 hdg am 1999 No 31 notes
s 120 sub 1995 No 25 sch
am 1999 No 31 sch 1
sub A2004-9 amdt 1.29

Care coordinator

pt 10A hdg ins A2004-44 s 28

Care coordinator

s 120A ins A2004-44 s 28

Functions

s 120B ins A2004-44 s 28
am A2008-36 amdt 1.540

Termination of appointment

s 120C ins A2004-44 s 28

Delegation by care coordinator

s 120D ins A2004-44 s 28
am A2011-3 amdt 1.8

Care coordinator's annual report

s 120E ins A2004-44 s 28

Official visitors

pt 11 hdg sub 1999 No 31 s 42

Appointment etc

s 121 sub 1999 No 31 s 42
am 2002 No 30 amdt 3.599; A2007-39 amdt 3.106,
amdt 3.107

Official visitor—functions

s 122 hdg sub A2007-39 amdt 3.108
s 122 sub 1999 No 31 s 42

Official visitor—powers etc

s 122A ins 1999 No 31 s 42
am 2000 No 2 sch; 2001 No 44 amdt 1.2881, amdt 1.2882

Reports by official visitors

s 122B ins 1999 No 31 s 42
am 2000 No 2 sch; A2005-47 amdt 1.18, amdt 1.19

Interpretation

div 12.1 hdg (prev pt 12 div 1 hdg) renum R3 LA

Definitions for pt 12

s 123 def *inspector* ins A2007-39 amdt 3.109
def *psychiatric institution* am 1996 No 35 sch; 1999 No 31
s 43; 2002 No 47 amdt 1.32

Licences

div 12.2 hdg (prev pt 12 div 2 hdg) renum R3 LA

Owner or manager to be licensed

s 124 am 1998 No 54 sch

Issue of licence

s 125 am 2001 No 44 amdt 1.2883, amdt 1.2884

Term and renewal of licence

s 126 am 2001 No 44 amdt 1.2885, amdt 1.2886

Emergency cancellation

s 130 am 1999 No 31 sch 1

Effect of cancellation

s 131 am 1998 No 54 sch

Inspectors

div 12.3hdg (prev pt 12 div 3 hdg) renum R3 LA

Appointment of inspectors

s 132 am 1999 No 31 sch 1
sub A2007-39 amdt 3.110

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s 133 am 1998 No 54 sch

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Failing to comply with requirement of inspector

s 135 hdg sub A2004-15 amdt 2.122
s 135 am 1998 No 54 sch; A2004-15 amdt 2.123, amdt 2.124

Notification and review of decisions

div 12.4 hdg (prev pt 12 div 4 hdg) renum R3 LA
sub A2008-36 amdt 1.519

Meaning of *reviewable decision*—div 12.4

s 136 sub A2008-36 amdt 1.519

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s 137 sub A2008-36 amdt 1.519

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s 137A ins A2008-36 amdt 1.519

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div 12.5 hdg (prev pt 12 div 5 hdg) renum R3 LA

Unauthorised treatment

s 138 am 1998 No 54 sch; 1999 No 31 sch 1; A2008-36 amdt 1.540

Service of documents

s 139 om 2001 No 56 amdt 1.40

Protection of officials from liability

s 140A ins A2009-20 amdt 1.2

Appeals from ACAT to Supreme Court

s 141 am 2002 No 33 s 4; A2004-60 amdt 1.595
sub A2006-40 amdt 2.165; A2008-36 amdt 1.520

Relationship with Guardianship and Management of Property Act

s 142 am 2001 No 70 amdt 1.68
sub A2004-44 s 29
am A2005-48 s 18; A2008-36 amdt 1.521

Relationship with Powers of Attorney Act

s 143 am 2001 No 70 amdt 1.68
sub A2004-44 s 29
am A2005-48 s 18; A2006-50 amdt 2.19

Relationship with Mental Health Act 1962

s 144 om 2002 No 49 amdt 3.99

Certain rights unaffected

s 145 sub A2008-36 amdt 1.522

Determination of fees

s 146 sub 2001 No 44 amdt 1.2887
am A2007-39 amdt 3.111

Approved forms

s 146A ins 1999 No 31 s 44
sub 2001 No 44 amdt 1.2887
am A2007-39 amdt 3.111, amdt 3.112

Regulation-making power

s 147 sub 2001 No 44 amdt 1.2887

Transitional

pt 14 hdg ins 1999 No 31 s 45
om R5 LA
ins A2005-7 s 27
exp 24 May 2005 (s 149)

Application of amendments made by Crimes Amendment Act 2005

s 148 ins 1999 No 31 s 45
exp 1 October 2001 (s 148 (4))
ins A2005-7 s 27
exp 24 May 2005 (s 149)

Expiry of pt 14

s 149 ins 2000 No 2 s 3 sch
exp 9 June 2000 (s 149 (7))
ins A2005-7 s 27
exp 24 May 2005 (s 149)

Transitional

pt 15 hdg ins A2006-14 amdt 1.54
exp 7 April 2011 (s 151)

Application of amendments made by Crimes Amendment Act 2005

s 150 ins A2006-14 amdt 1.54
exp 7 April 2011 (s 151 (LA s 88 declaration applies))

Expiry—pt 15

s 151 ins A2006-14 amdt 1.54
exp 7 April 2011 (s 151)

Reviewable decisions

sch 1 ins A2008-36 amdt 1.523

Dictionary

dict ins A2005-48 s 17
am A2006-23 amdt 1.270; A2008-36 amdts 1.524-1.526;
A2010-10 amdt 2.107; A2011-22 amdt 1.334, amdt 1.335;
A2011-52 amdts 3.141-3.143
def **ACAT mental health provision** ins A2008-36 amdt 1.527
def **agreement** ins A2005-48 s 17
def **applicant** reloc from s 4 A2005-48 s 6
sub A2008-36 amdt 1.528

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- def **application** reloc from s 4 A2005-48 s 6
sub A2008-36 amdt 1.528
- def **approved health facility** am 2001 No 56 amdt 1.37
reloc from s 4 A2005-48 s 6
- def **approved mental health facility** am 2001 No 56
amdt 1.38
reloc from s 4 A2005-48 s 6
- def **assessment** reloc from s 4 A2005-48 s 6
- def **assessment order** ins A2008-36 amdt 1.529
- def **C&YP Act** ins 1999 No 64 sch 2
reloc from s 4 A2005-48 s 6
om A2008-20 amdt 4.47
- def **C&YP chief executive** ins 1999 No 64 sch 2
reloc from s 4 A2005-48 s 6
sub A2008-20 amdt 3.40
om A2011-22 amdt 1.336
- def **care and protection order** ins A2008-20 amdt 3.41
- def **care coordinator** ins 1999 No 31 s 6
sub 1999 No 62 s 4; A2004-44 s 4
reloc from s 4 A2005-48 s 6
- def **chief psychiatrist** ins 1999 No 31 s 6
reloc from s 4 A2005-48 s 6
- def **community care facility** ins 1999 No 31 s 6
reloc from s 4 A2005-48 s 6
am A2006-23 amdt 1.271
- def **community care order** ins 1999 No 31 s 6
sub A2004-44 s 5
reloc from s 4 A2005-48 s 6
- def **community member** ins 2000 No 2 sch
reloc from s 4 A2005-48 s 6
om A2008-36 amdt 1.530
- def **corresponding law** ins A2005-48 s 17
- def **Crimes Act** reloc from s 4 A2005-48 s 6
- def **custodial order** ins A2005-48 s 17
om A2007-43 s 18
- def **CYP director-general** ins A2011-22 amdt 1.336
- def **decision** reloc from s 4 A2005-48 s 6
- def **deputy president** ins 2000 No 2 sch
reloc from s 4 A2005-48 s 6
om A2008-36 amdt 1.530
- def **electroconvulsive therapy** ins A2005-48 s 17
- def **electroconvulsive therapy order** ins A2005-48 s 17
- def **emergency electroconvulsive therapy order** ins
A2005-48 s 17
- def **general president** ins A2008-36 amdt 1.531
- def **information statement** reloc from s 4 A2005-48 s 6
- def **informed consent** ins A2005-48 s 17

- def **inspector** ins A2007-39 amdt 3.113
- def **interim care and protection order** ins A2008-20 amdt 3.42
- def **interim therapeutic protection order** ins A2008-20 amdt 3.42
- def **interstate custodial patient** ins A2005-48 s 17
- def **interstate non-custodial order** ins A2005-48 s 17
- def **licence** ins A2005-48 s 17
- def **licensed premises** ins A2005-48 s 17
- def **licensee** ins A2005-48 s 17
- def **member** ins 2000 No 2 sch
reloc from s 4 A2005-48 s 6
om A2008-36 amdt 1.532
- def **mental dysfunction** reloc from s 4 A2005-48 s 6
- def **mental health facility** am 1999 No 31 sch 1
reloc from s 4 A2005-48 s 6
- def **mental health nurse** reloc from s 4 A2005-48 s 6
sub A2004-39 amdt 6.9 (as am by A2005-48 amdt 1.13)
om A2010-10 amdt 2.108
- def **mental health officer** reloc from s 4 A2005-48 s 6
- def **mental health order** am 1999 No 31 s 6
sub A2004-44 s 6
reloc from s 4 A2005-48 s 6
- def **mental health professional** am 1999 No 31 sch 1
reloc from s 4 A2005-48 s 6
- def **mental health services member** ins 2000 No 2 sch
reloc from s 4 A2005-48 s 6
om A2008-36 amdt 1.532
- def **mental health tribunal provision** ins A2008-20 amdt 3.42
om A2008-36 amdt 1.532
- def **mental illness** ins 1999 No 31 s 6
reloc from s 4 A2005-48 s 6
- def **mental impairment** ins A2006-14 amdt 1.55
- def **mentally dysfunctional or mentally ill offender** am 1999 No 31 sch 1; 1999 No 64 sch 2
reloc from s 4 A2005-48 s 6
om A2006-14 amdt 1.56
- def **neurosurgery** reloc from s 4 A2005-48 s 6
- def **non-custodial order** ins A2005-48 s 17
om A2007-43 s 19
- def **non-presidential member** ins 2000 No 2 sch
reloc from s 4 A2005-48 s 6
sub A2008-36 amdt 1.533
- def **offender with a mental impairment** ins A2006-14 amdt 1.57
am A2008-36 amdt 1.534; A2008-20 amdt 4.48

Endnotes

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- def **official visitor** ins 1999 No 31 s 6
reloc from s 4 A2005-48 s 6
- def **order** reloc from s 4 A2005-48 s 6
- def **president** reloc from s 4 A2005-48 s 6
om A2008-36 amdt 1.535
- def **presidential member** ins 2000 No 2 sch
reloc from s 4 A2005-48 s 6
sub A2008-36 amdt 1.536
- def **private psychiatric institution** reloc from s 4 A2005-48
s 6
- def **proceeding** sub A2005-48 s 5
reloc from s 4 A2005-48 s 6
sub A2008-36 amdt 1.536
- def **psychiatric institution** am 1996 No 35 sch; 1999 No 31
sch
sub 2002 No 47 amdt 1.18
reloc from s 4 A2005-48 s 6
- def **psychiatric institution**, for pt 12 ins A2005-48 s 17
- def **psychiatric surgery** reloc from s 4 A2005-48 s 6
- def **psychiatric treatment order** ins 1999 No 31 s 6
sub A2004-44 s 7
reloc from s 4 A2005-48 s 6
- def **psychiatrist** reloc from s 4 A2005-48 s 6
sub A2010-10 amdt 2.109
- def **psychiatrist member** ins 2000 No 2 sch
reloc from s 4 A2005-48 s 6
om A2008-36 amdt 1.537
- def **psychologist member** ins 2000 No 2 sch
reloc from s 4 A2005-48 s 6
om A2008-36 amdt 1.537
- def **referring officer** am 1999 No 64 sch 2; A2004-14
amdt 2.5
reloc from s 4 A2005-48 s 6
am A2008-20 amdt 4.49, amdt 4.50; pars renum R39 LA;
A2011-22 amdt 1.337
- def **registrar** sub 1999 No 66 sch 3
reloc from s 4 A2005-48 s 6
om A2008-36 amdt 1.537
- def **relative** am A2003-14 amdt 1.79, amdt 1.80
reloc from s 4 A2005-48 s 6
- def **responsible person** ins A2005-48 s 17
- def **restriction order** ins 1999 No 31 s 6
sub A2004-44 s 8
reloc from s 4 A2005-48 s 6

def **reviewable decision** ins A2008-36 amdt 1.538
def **State** ins A2005-48 s 17
def **subject person** ins A2008-36 amdt 1.538
def **tribunal** reloc from s 4 A2005-48 s 6
om A2008-36 amdt 1.539

Endnotes

5 Earlier republications

5 Earlier republications

Some earlier republications were not numbered. The number in column 1 refers to the publication order.

Since 12 September 2001 every authorised republication has been published in electronic pdf format on the ACT legislation register. A selection of authorised republications have also been published in printed format. These republications are marked with an asterisk (*) in column 1. Electronic and printed versions of an authorised republication are identical.

Republication No and date	Effective	Last amendment made by	Republication for
R0A 6 Feb 2006	5 Sept 1995– 30 June 1996	A1995-25	amendments by A1995-25
R0B 6 Feb 2006	1 July 1996– 23 Dec 1997	A1996-35	amendments by A1996-35
R1 1 June 1998	1 June 1998– 8 Dec 1998	A1997-104	amendments by A1997-96 and A1997-104
R1 (RI) 6 Feb 2006	1 June 1998– 8 Dec 1998	A1997-104	reissue of printed version
R1A 6 Feb 2006	23 Dec 1998– 31 Aug 1999	A1998-70	amendments by A1998-54 and A1998-70
R2 10 Nov 1999	10 Nov 1999– 8 Mar 2000	A1999-66	amendments by A1999-22, A1999-31, A1999-62 and A1999-66
R2 (RI) 6 Feb 2006	10 Nov 1999– 8 Mar 2000	A1999-66	reissue of printed version
R2A 6 Feb 2006	10 May 2000– 31 May 2000	A2000-2	amendments by A1999-64 and A2000-2
R2B 6 Feb 2006	1 June 2000– 9 June 2000	A2000-17	amendments by A2000-17

Republication No and date	Effective	Last amendment made by	Republication for
R2C 6 Feb 2006	5 Oct 2000– 5 Sept 2001	A2000-52	amendments by A2000-52 and commenced expiry
R3 12 Sept 2001	12 Sept 2001– 13 Sept 2001	A2001-56	amendments by A2001-44 and A2001-56
R4 19 Oct 2001	14 Sept 2001– 1 Oct 2001	A2001-70	amendments by A2001-70
R5 19 Oct 2001	2 Oct 2001– 27 Feb 2002	A2001-70	commenced expiry
R6 28 Feb 2002	28 Feb 2002– 16 Sept 2002	A2001-70	editorial amendments under Legislation Act
R7 8 Oct 2002	17 Sept 2002– 8 Oct 2002	A2002-30	amendments by A2002-30
R8 9 Oct 2002	9 Oct 2002– 30 Dec 2002	A2002-33	amendments by A2002-33
R9 31 Dec 2002	31 Dec 2002– 16 Jan 2003	A2002-47	amendments by A2002-47
R10 17 Jan 2003	17 Jan 2003– 27 Mar 2003	A2002-49	amendments by A2002-49
R11* 28 Mar 2003	28 Mar 2003– 16 Mar 2004	A2003-14	amendments by A2003-14
R12 17 Mar 2004	17 Mar 2004– 8 Apr 2004	A2004-16	amendments by A2004-16
R13 9 Apr 2004	9 Apr 2004– 12 Apr 2004	A2004-16	amendments by A2004-15
R14 13 Apr 2004	13 Apr 2004– 29 Apr 2004	A2004-16	amendments by A2004-9
R15 30 Apr 2004	30 Apr 2004– 26 May 2004	A2004-16	amendments by A2003-48
R16 27 May 2004	27 May 2004– 17 June 2004	A2004-16	amendments by A2004-10

Endnotes

5 Earlier republications

Republication No and date	Effective	Last amendment made by	Republication for
R17 18 June 2004	18 June 2004– 25 June 2004	A2004-16	commenced expiry
R18 26 June 2004	26 June 2004– 11 Aug 2004	A2004-16	amendments by A2004-14
R19* 12 Aug 2004	12 Aug 2004– 9 Jan 2005	A2004-44	amendments by A2004-44
R20 10 Jan 2005	10 Jan 2005– 23 Feb 2005	A2004-60	amendments by A2004-60
R21 24 Feb 2005	24 Feb 2005– 24 May 2005	A2005-7	amendments by A2005-7
R22 25 May 2005	25 May 2005– 6 July 2005	A2005-7	commenced expiry
R23 7 July 2005	7 July 2005– 6 Sept 2005	A2005-7	updated endnotes
R24 7 Sept 2005	7 Sept 2005– 22 Nov 2005	A2005-48	amendments by A2005-48
R25 23 Nov 2005	23 Nov 2005– 16 Jan 2006	A2005-53	amendments by A2005-53
R26 17 Jan 2006	17 Jan 2006– 28 Feb 2006	A2005-53	amendments by A2004-39 as amended by A2005-48
R27 1 Mar 2006	1 Mar 2006– 1 Mar 2006	A2006-3	amendments by A2005-47 as amended by A2006-3
R28 2 Mar 2006	2 Mar 2006– 6 Apr 2006	A2006-3	commenced expiry
R29 7 Apr 2006	7 Apr 2006– 1 June 2006	A2006-14	amendments by A2006-14
R30 (RI) 2 June 2006	2 June 2006– 28 Sept 2006	A2006-23	amendments by A2006-23 reissue for textual correction

Republication No and date	Effective	Last amendment made by	Republication for
R31 29 Sept 2006	29 Sept 2006– 18 Oct 2006	<u>A2006-40</u>	amendments by A2006-40
R32 19 Oct 2006	19 Oct 2006– 13 Dec 2006	A2006-40	amendments by A2006-40
R33* 14 Dec 2006	14 Dec 2006– 29 May 2007	<u>A2006-50</u>	amendments by A2006-27
R34 30 May 2007	30 May 2007– 12 Dec 2007	A2006-50	amendments by A2006-50
R35 13 Dec 2007	13 Dec 2007– 26 Dec 2007	A2007-43	amendments by A2007-43
R36 27 Dec 2007	27 Dec 2007– 26 Oct 2008	A2007-43	amendments by A2007-39
R37 27 Oct 2008	27 Oct 2008– 1 Feb 2009	<u>A2008-36</u>	amendments by A2008-20
R38 2 Feb 2009	2 Feb 2009– 26 Feb 2009	A2008-36	amendments by A2008-36
R39 27 Feb 2009	27 Feb 2009– 21 Sept 2009	A2008-36	amendments by A2008-20
R40 22 Sept 2009	22 Sept 2009– 8 Mar 2010	A2009-20	amendments by A2009-20
R41 9 Mar 2010	9 Mar 2010– 30 June 2010	A2010-5	amendments by A2010-5
R42 1 July 2010	1 July 2010– 28 Mar 2011	<u>A2010-10</u>	amendments by A2010-10
R43 1 Mar 2011	1 Mar 2011– 7 Apr 2011	A2011-3	amendments by A2011-3
R44 8 Apr 2011	8 Apr 2011– 30 June 2011	A2011-3	expiry of transitional provisions (pt 15)
R45 1 July 2011	1 July 2011– 11 Dec 2011	A2011-22	amendments by A2011-22

Endnotes

6 Uncommenced amendments

6 Uncommenced amendments

The following amendments have not been included in this republication because they were uncommenced at the republication date:

Health Practitioner Regulation National Law (ACT) Act 2010 A2010-10 amdt 2.106

[2.106] Section 119 (3), new definition of *occupational therapist*

insert

occupational therapist means a person registered under the *Health Practitioner Regulation National Law (ACT)* to practise in the occupational therapy profession (other than as a student).

(commencement: 1 July 2012)

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